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ABSTRACT

This publication offers a compilation of 12 reports on selected social concerns pertaining to the Hispanic community in Colorado and provides a comprehensive overview of demographic information and information on health, education, and social welfare issues. The first report looks at Colorado's multicultural population through a demographic summary of 1990 United States Census data. The second report offers an overview of Hispanic health in the state, covering access and health care reform. The third report also explores health, particularly insurance coverage, heart disease, cancer, diabetes, Acquired Immune Deficiency Syndrome, and prenatal care. The fourth report covers mental health, noting that mental health services are under-utilized by Hispanics. The fifth report discusses Hispanics and domestic violence. The sixth report looks at poverty rates among Hispanic women and children. The seventh report discusses the status of Hispanic elderly, noting the common extended family orientation of Hispanic cultures. The eighth report looks at the America 2000 Educational Goals from a Colorado Hispanic perspective. The ninth article discusses Hispanics and primary education, particularly standardized testing, bilingual education, and parental involvement. The 10th article explores the Hispanic higher education experience. The 11th report analyzes labor and employment issues in Colorado among Hispanics. The 12th article discusses voter registration and reapportionment in Colorado. (JB)

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COLORADO HISPANICS:
A Report of Selected Social Concerns

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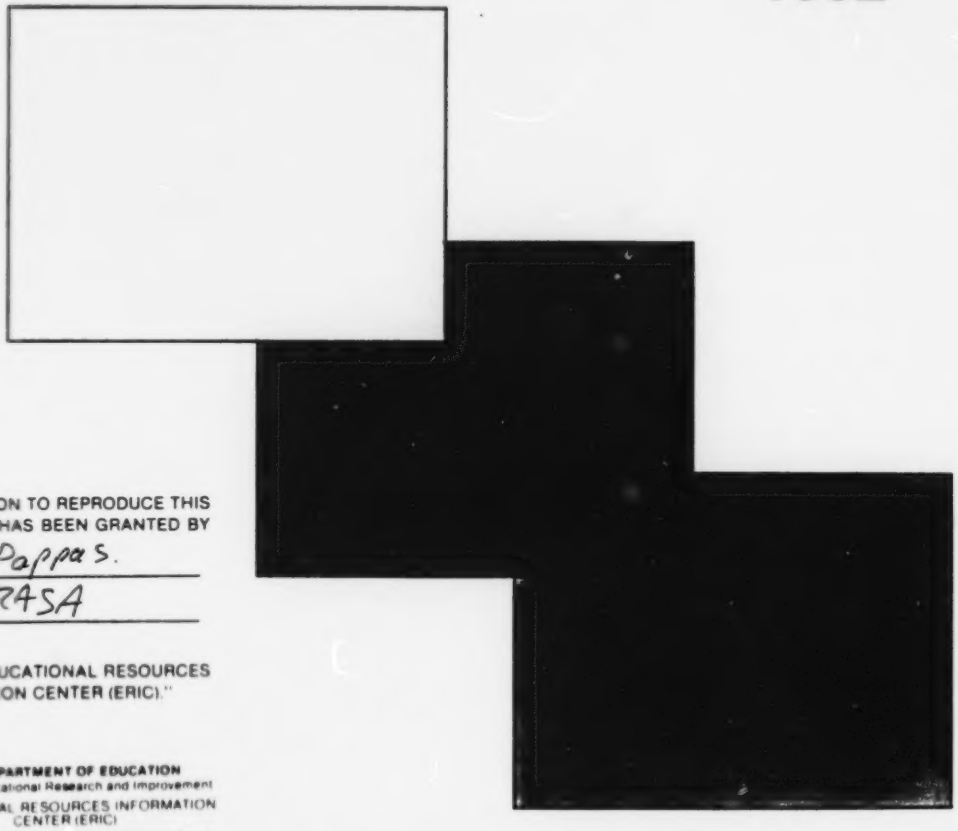

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COLORADO HISPANICS:
A Report of Selected Social Concerns
1992

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The **Latin American Research and Service Agency (LARASA)** is a nonprofit organization created in 1964 to improve the social, economic, political and educational status of Colorado's Hispanic community. LARASA staff conducts public policy research, provides technical assistance, information clearinghouse services, and supports advocacy and action that will improve the quality of life for Hispanics throughout the state.

The mission of LARASA is to lead and influence change to improve the quality of life for Hispanics throughout Colorado. Work toward this mission is accomplished through the following goals:

- To increase the Hispanic community's capacity to create policies and systems that meet their needs and to challenge those that do not.
- To increase equity through advocacy, taking direct action and creating opportunities for the Hispanic community.
- To increase awareness and educate the community on Hispanic issues in Colorado, including applied research, towards the development of effective public policies.

María Guajardo, Ph.D.
Executive Director

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PREFACE

Colorado's Hispanic community is increasing in size and more information is continually becoming available about the community. This compilation of reports on selected social concerns pertaining to the Hispanic community provides a comprehensive overview of demographic information and information on health, education, and social welfare issues.

The Hispanic community in Colorado and across the United States is not a monolithic structure. Diversity within the Hispanic community is shaping emerging issues, as well as creating a foundation upon which to build solutions and strategies.

Throughout the report the terms Hispanic and Latino are used interchangeably. In the spirit of diversity, the authors have embraced the recognition that the Hispanic/Latino community is again, and more importantly needs to be, redefining its identity and essence.

How an individual or community chooses to name and identify itself is crucial to understanding the complexity of this growing population. And so, in the spirit of diversity, we embrace Mexicanos, Hispanics, Chicanos, Spanish Americans, and Latinos. The social issues presented in this report touch us all.

María Guajardo, Ph.D.
Executive Director
February, 1993

THIS REPORT IS DEDICATED TO COLORADO'S HISPANIC CHILDREN BORN IN 1992. THEY WILL BE THE HIGH SCHOOL GRADUATING CLASS OF 2009!

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COLORADO'S MULTICULTURAL POPULATION
A Demographic Summary of 1990 Census Data

Georgia Pappas

In the summer of 1992, the Bureau of the Census released Colorado information from the "long form of the 1990 census, which is administered to about one in six households. This report summarizes social and economic sample data contained in the long form. The statistics were provided by the Colorado Department of Local Affairs. As you read through this report, please remember that Hispanics can be of any race, therefore, Hispanic calculations are duplicated under the categories of White, African American, Native American, and Asian.

COLORADO HISPANIC HIGHLIGHTS

In general, Hispanics are younger, more likely to live in family households, have the highest high school dropout rate, and have the lowest per capita income when compared to other ethnic groups. Some specific demographic characteristics of Hispanics in Colorado are as follows:

- Sixty-six percent of Hispanics are of Mexican origin.
- One of five Hispanics are under the age of 10.
- Eighty-six percent of the Spanish speaking population speak English either "very well" or "well."
- One of four Hispanic families are maintained by a woman.
- Forty-two percent of Hispanics 25 years old and over do not have a high school diploma.
- Twice as many Hispanics (10%) in the civilian labor force are unemployed when compared to Whites.
- The per capita income of Hispanics is $8,233.
- Twenty-three percent of Hispanic households live in poverty; of these households, 53 percent are maintained by a woman.
- One of four Hispanic persons live in poverty; of these persons, 46 percent are under the age of 18.

HISPANIC ORIGIN BY RACE

Hispanics, the largest ethnic minority population in Colorado, are typically of Mexican origin. Colorado has the benefit of a diversified population, with Hispanics being the largest ethnic minority group. Hispanics account for 13 percent of Colorado's total population. The remaining population that is not of Hispanic origin consists of Whites (81%), African Americans (4%), Asian or Pacific Islanders (2%) and Native Americans (1%).

The majority of Hispanics, 66 percent, are of Mexican origin. Nearly, one in three persons (30%) identified their origin as "Other". These Hispanics probably consider themselves of Spanish origin. According to an opinion poll of Colorado's Hispanics LARASA conducted in 1989, 27 percent of the respondents considered themselves to be Spanish-American. The remaining Hispanics identified their origin as Puerto Rican (2%), South American (1%), Central American (.7%), Cuban (.5%) or Dominican (.1%).

AGE

The ethnic minority populations of Colorado are relatively younger than the white population. There are much larger proportions of Hispanics in the younger age groups; 21 percent of Hispanics are under the age of 10. The largest concentration of youth under the age of 18 are Hispanics (39%) compared to African Americans (35%), Native Americans (35%) and Asians (34%) with Whites at 28 percent.

Age By Race and Ethnicity in Colorado - 1990

Age	Hispanic	White	African Amer	Native Amer	Asian
70 Plus	3%	7%	3%	2%	3%
60-69	5%	7%	5%	4%	5%
50-59	7%	9%	8%	6%	7%
40-49	11%	14%	11%	13%	13%
30-39	17%	19%	19%	20%	20%
20-29	18%	15%	19%	20%	18%
10-19	18%	13%	16%	17%	17%
0-9	21%	15%	19%	18%	17%

Hispanic can be of any race.

LANGUAGE

English is spoken by almost all Coloradoans with Spanish as the non-English language most spoken. The need to make English Colorado's official language appears questionable with over 2.7 million (90%) English speaking persons in the state five years old and over. With Hispanics being the largest ethnic minority population in Colorado, it is not surprising that the non-English language most often spoken is Spanish by 203,896 (7%) persons. More than eight of ten Spanish speakers are bilingual with 66 percent speaking English "very well," 20 percent speaking English "well," and only 14 percent speaking English "not well" or "not at all." The ability of Spanish speakers to speak English is constant regardless of age.

Eight percent of households have at least one Spanish speaking member; 14 percent of those households are linguistically isolated meaning no member over the age of 14 speaks English very well.

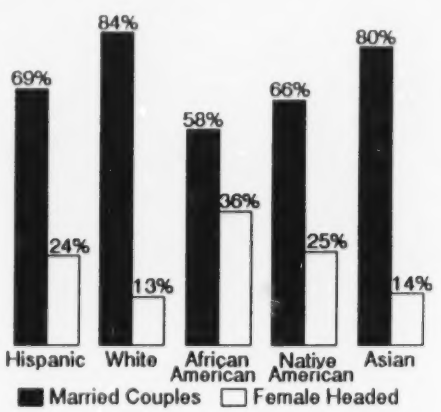
FAMILIES

There are approximately twice as many female headed households in Hispanic, African American, and Native American families when compared to White and Asian families. The Census defines a family as all members of a household who are related to the head of the household by birth, marriage, or adoption.

Three of four Hispanic households are families (76%). In comparison, 70 percent of both Native American and Asian households are families, 67 percent of White households are families, and 65 percent of African American households are families.

White and Asian families are more likely to be maintained by a married couple: 8 of 10 families, compared to approximately 6 of 10 Hispanic, Native American, and African American married couples. African American families, one of three, are most likely to be maintained by a woman followed by one of four Native American and Hispanic families. Native Americans have the highest percentage of single headed families maintained by a man (10%).

Colorado's Family Characteristics - 1990



Hispanic can be of any race.

EDUCATION

Hispanics in Colorado are the least educated segment of our population. Twice as many Hispanics 25 years old and over (42%), do not have a high school diploma or equivalency when compared to Whites (14%), African Americans (20%), Asians (22%), and Native Americans (26%).

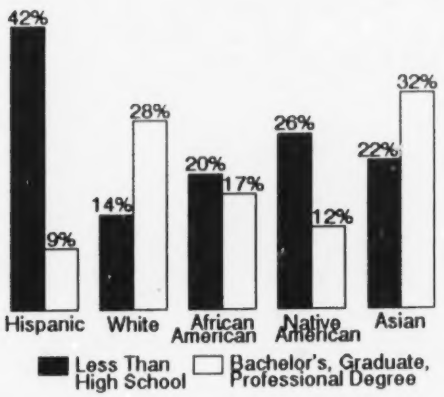
One of five Whites and Asians (19% each) 25 years old and over, graduated from college with a Bachelor's degree followed by African Americans (12%), Native Americans (7%), and Hispanics (6%). Asians are more likely to get a graduate or professional degree (13%) than Whites (9%), African Americans (5%), Native Americans (5%), or Hispanics (3%).

EMPLOYMENT

When comparing populations in the civilian labor force, Whites and Asians have the lowest unemployment rates, while unemployment for the remaining population groups are twice as high. The unemployment rate of Whites is 5 percent, Asians 6 percent, Hispanics 10 percent, African Americans 11 percent, and Native Americans have the highest unemployment rate at 13 percent. When comparing gender, unemployment is slightly higher for Hispanic, Native American, and African American men than for women.

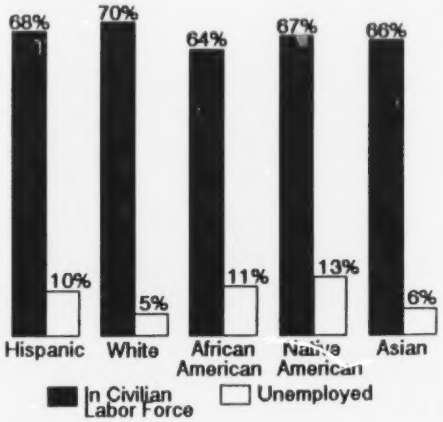
There is a disproportionately higher percentage of African American men in the armed force (11%) compared to the rest of the male population: Asian (4%), Native American (4%), Hispanic (2%), and White (2%). African American women are also more likely to join the armed forces but not to the degree of their male counterparts. While only three percent of African American women are in the armed forces, it is still higher than Asians (1%), Hispanics (.3%), Whites (.3%), or Native American women (.2%).

Education in Colorado - 1990



Hispanic can be of any race.

Employment in Colorado - 1990



Hispanic can be of any race.

INCOME

Hispanics, African Americans, and Native Americans have the lowest household and per capita incomes in Colorado. On the average, 1989 household income was highest for Whites at $38,693 and Asians at $34,749. When compared to Whites: Native Americans earned 58 percent less with an average household income of $24,543, Hispanics earned 48 percent less with $25,993, and African Americans earned 41 percent less at $27,476.

One of four White households and one of five Asian households earned more than $50,000 on the average. On the other side of the scale, approximately one of four Hispanic, Native American, and African American households earned less than $10,000 in 1989 on the average.

Colorado Household Income in 1989

	Hispanic	White	African Amer	Native Amer	Asian
< $5,000-$9,999	24%	13%	23%	26%	18%
$10,000-$24,999	34%	27%	33%	33%	27%
$25,000-$49,999	31%	36%	30%	29%	34%
$50,000-$100,000 +	12%	25%	14%	11%	21%

Hispanic can be of any race.

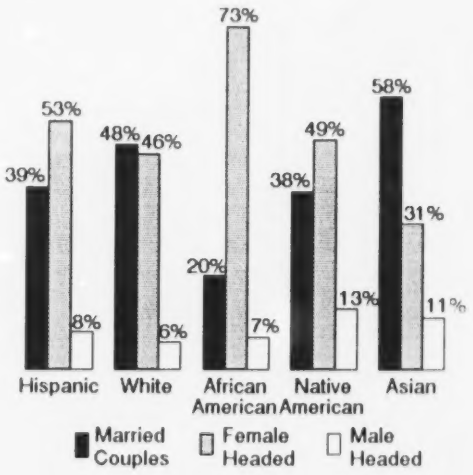
A different story emerges when looking at per capita income, particularly for the Asian community. Once again Whites come out on top with the highest per capita income of $15,547. The African American and Asian per capita income is very similar at $10,704 and $10,825 respectively. Population groups with the lowest per capita income are Native Americans with $9,110 and Hispanics with $8,233.

POVERTY RATE OF HOUSEHOLDS

Three times as many Hispanic, African American, and Native American families live in poverty compared to White families. Nearly one of four Hispanic (23%) and Native American (24%) households are below the poverty level. One in five African American (20%) households are below poverty, while 14 percent of Asian households and only seven percent of White households live in poverty.

Of families living in poverty, African American, Native American, and Hispanic families are typically headed by women. Nearly three of four African American households (73%) in poverty are headed by a women as are one of two Hispanic households (53%) and Native American households (49%). Of White households living in poverty, 48 percent are married couple families, 46 percent are headed by a woman, and the remaining 6 percent are headed by a man. Asian households in poverty are mostly married couple families (58%).

Colorado Families Living in Poverty - 1989

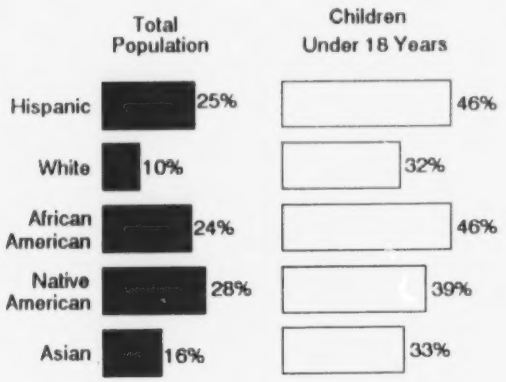


Hispanic can be of any race.

POVERTY RATE OF PERSONS

Persons living in poverty are more likely to be Hispanic, African American, or Native American. Approximately one of four Native Americans (28%), Hispanics (25%), and African Americans (24%) live in poverty. In comparison, 16 percent of Asians and 10 percent of Whites live below the poverty level. Of Hispanic and African American persons living in poverty, nearly half (46%) are children under the age of 18. One third of Whites (32%), Asians (33%), and Native Americans (39%) living in poverty are children.

Colorado Persons Living in Poverty - 1989



Hispanic can be of any race.

SOURCE

Bureau of the Census. 1990 Census Summary Tape File 3.

HISPANIC HEALTH IN COLORADO: AN OVERVIEW

Georgia Pappas

The Congressional Hispanic Caucus stated that Hispanic health is a "problem that has already reached crisis proportions."[1] Health service utilization by Hispanics is lower than Whites particularly regarding hospital visits, dental visits, prenatal care, and family planning.[2] Compared with Whites, twice as many Hispanics report using emergency services as a source of primary care.[3]

Factors contributing to health care problems of Hispanics are:

- Lack of health insurance and high medical costs
- Scarcity of Spanish speaking health care professionals
- Few physicians in Hispanic communities
- Insufficient Hispanic focused research and health data
- Different cultural expectations and values
- Hispanic distrust of the health care system due to past negative experiences
- Institutional policies not sensitive to Hispanic values

HEALTH STATUS

National Statistics

- Causes of death among Hispanics are the major national killers: heart disease, cancer, and stroke.[3]
- Unintentional injuries were the leading cause of death for Hispanic youth, 15 to 24 years old.[4]
- Injuries and homicide are the leading causes of death for Hispanics 25 to 44 years old.[4]
- Hispanic women are more likely to have late or no prenatal care.[4]
- Alcoholism and cirrhosis are prevalent among Hispanics, particularly Mexican Americans and Puerto Ricans.[3]
- Hispanics suffer from excess incidence of certain cancers: stomach, esophagus, pancreas, and cervix.[3]
- Hispanics have three times the risk of diabetes when compared with Whites.[3]
- Hypertension is more prevalent among Hispanics than Whites.[3]
- Lung cancer rates among Chicanos and Chicanas doubled from 1970 to 1980.[3]
- The incidence for tuberculosis is four times greater for Hispanics than Whites.[4]
- Chicanas tend to have high rates of teen pregnancies but lower rates of premature deliveries and low birth weight.[3]
- Although Hispanics comprise 9 percent of the U.S. population, they accounted for 18 percent of all AIDS cases.[5]

Colorado Statistics

- Hispanics accounted for 18 percent of Colorado's 238,000 problem drinkers in 1990 and for 12 percent of Colorado's 171,400 drug abusers.[6]
- In 1991, Hispanics accounted for 14 percent of reported AIDS cases.[5]
- In 1990, the majority of Hispanics died from heart disease (22%), cancer (20%) or unintentional injuries (10%).[7]
- About one in four Hispanics in Metro Denver will develop cancer.[8]
- Hispanic women in Colorado received prenatal care later than Whites in 1990: 62 percent in first trimester, 29 percent in second trimester, 8 percent in third trimester, and 2 percent received no care.[7]

Leading Causes of Death in Colorado, 1990

	Hispanic	White
Heart Disease	22%	29%
Cancer	20%	23%
Unintentional Injuries	10%	5%
Stroke	7%	6%
Pneumonia & Influenza	4%	4%
Diabetes	4%	2%
Suicide	4%	3%
Chronic Liver Disease & Cirrhosis	3%	1%
Chronic Lung Disease	3%	7%
Homicide	2%	.4%

Source: Colorado Department of Health

ACCESS TO HEALTH CARE

Lack of Health Insurance

One of five Hispanics in Colorado have no regular source of health care, according to one study.[9] The lack of health insurance for Hispanics is the primary barrier to adequate and timely health care.[10] Hispanics, however, are least likely to have health insurance coverage when compared to Whites, African Americans, and Asians. One-third of all Hispanics in this country were without health insurance in 1991.[10] There are also disparities in insurance coverage between the various Hispanic subgroups. It is estimated that the Mexican-American community in the United States are less likely to have insurance compared to Puerto Ricans or Cubans. According to one study, uninsured hospital patients are 2.1 times more likely than insured patients to be victims of negligent medical injuries, regardless or race, gender, patient income and hospital type.[11]

The key factor for Hispanics not having health insurance is employment and income. While most adult Hispanics are employed, they often work in jobs that do not provide health insurance benefits and pay low wages making private health insurance unaffordable. Almost one-third of children of Hispanic working adults are not covered by health insurance.[4] The young, working poor populations often do not qualify for public health insurance such as Medicaid. According to a Harris poll, 25 percent of Hispanics reported that within the last two years they decided not to take a better job because it offered inadequate health benefits. This compares with 23 percent of African Americans and 12 percent of Whites.[12]

Stringent Medicaid Eligibility

Medicaid is a federal supplemental health insurance program for the very poor. While 29 percent of Hispanics lived in poverty in this country, only 17 percent received Medicaid and only 4 percent received Medicare in 1991.[13] States with high concentrations of Hispanics (Arizona, California, Florida, Illinois, New Jersey, New York, New Mexico, and Texas) have stringent Medicaid eligibility criteria.[10] Eligibility criteria for Medicaid are determined by each state, within federal guidelines.

Medicaid eligibility criteria in Colorado falls into two categories: AFDC and Adult and Aging Services. Eligibility differs within each group. According to a 1987 report by the Public Citizens Health Research Group, "The single most striking flaw of the Colorado Medicaid program is in the area of eligibility policy: the lack of a medically needy program. This gap strikes a heavy blow to poor and even middle-class people with high medical bills."[14]

Migrant Farmworkers

Colorado is the destination for approximately 43,000 migrant and seasonal agricultural workers and dependent family members.[2] Migrant farmworkers are among the most deprived, facing pervasive poverty, underemployment, isolation, and alienation making access to health care a critical issue. There are many obstacles in accessing health care for migrant farmworkers because of mobility and being predominantly monolingual in Spanish. Migrant farmworkers face:

- Immediate dental needs such as tooth decay.
- Exposure to pesticides caused from mixing pesticides, eating meals near fields, washing hands with well or irrigation water, and drinking well or irrigation water.
- Difficulty getting good food while away from home due to lack of money, mobility, lack of transportation, lack of cooking facilities and refrigeration, and the presence of insects and rodents.

According to a survey conducted by the Colorado Migrant Health Program, half of the migrant farmworkers identified their health as fair or poor while one-third reported being in good health. Only 16 percent reported very good or excellent health. One of four migrant farmworkers did not have a usual place of health care at their permanent residence.

Ancianos

Hispanic elderly are more likely than the general elderly population to be in fair or poor health and to be limited in activities of daily living.[15] Adding to the problem of poor health is the lack of health insurance hindering access to health care. Hispanic elderly are more likely to depend on family members for post hospital care and assistance for daily living activities.

The Medicare program was established in 1965 for the most urgent medical care needs of the elderly and disabled. While 96 percent of all elderly people are covered by Medicare, only 83 percent of Hispanic elderly are covered.[15] However, Medicare pays only about half of health care expenses of noninstitutionalized elderly persons.[16] Remaining health care costs must be covered by the individual and by purchasing supplemental health insurance which is a financial drain on persons with limited resources.

Due to the higher rate of poverty among Hispanic elderly, 33 percent have both medicare and medicaid coverage, compared with 8 percent of all elderly.[15] Medicaid has become the primary source of public funds for nursing home care.[17]

HEALTH CARE REFORM

Annual health care spending in the United States is expected to skyrocket from $800 billion in 1992 to $1.6 trillion by the year 2000.[18] The cost of health care is rising two to three times faster than inflation. The average spending per person on health care is expected to nearly double from $2,566 in 1990 to $5,700 in the year 2000. Total health care expenditures in Colorado were approximately $9.12 billion in 1991.[19] Currently, the average nursing home cost is $30,000 per year which is usually paid by the resident or a family member.[18]

While the need for health care reform is recognized nationally, there is no consensus on workable solutions. However, there are fundamental criteria a reformed health care system must meet:

- Accessibility to everyone
- Affordability and cost containment
- High quality care
- Freedom of choice among providers

Several plans are being discussed nationally and in Colorado. All of them fit into one, or in part, of four generic plans described below (provided by AARP).[20]

Current System with Some Improvements

- Health insurance would be provided by employers or the government, bought privately, people would receive charity care, or go without care.
- The Medicaid program would be expanded to cover all the poor.
- Small business and the self-employed would received assistance to buy insurance.
- Long term care protection is not covered except through Medicaid or private insurance.
- All people are not covered.

Voucher or Tax Credit Plans

- People would receive vouchers or tax credits from the government and use them to buy insurance or pay for their care directly.
- Long term care protection is not covered except through Medicaid or private insurance.
- All people are not covered.

Public-Private Universal Health Insurance

- Health insurance would be provided from employers or the government through an improved Medicare-type program. Employers would be required to "play" by providing insurance or "pay" so their employees would be covered by the government program.
- Some proposals include long term care.
- All people would be guaranteed coverage.

Single Payor National Health Insurance (NHI)

- Health insurance would be provided solely by the government who would pay hospitals and doctors. Program costs would be covered through taxes.
- Most proposals include long term care.
- All people would be guaranteed coverage.

CONCLUSION

Hispanics are a diverse population with a shared heritage and a rich mosaic of ethnic, cultural, and racial origins.[4] Yet there are differences in health status and health behaviors among Hispanics from different racial origins. For any health care program to provide quality care to all persons, statistics must be provided by race and ethnicity and by gender to reflect this nations cultural diversity. The health needs of the Hispanic and other ethnic-minority communities cannot be met if data for these populations are not provided. A standard reporting system needs to be implemented nationally and locally for accurate analysis so that funding for health programs will be used to maximum efficiency.

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HEALTH PROBLEMS OF COLORADO'S HISPANIC POPULATION

Francine Maestas
Georgia Pappas

Heart disease, cancer, diabetes, AIDS, and certain conditions originating in the prenatal period are five of the leading causes of death for the Hispanic population. As the number of individuals who are affected by these health problems increase so does the need to educate the Hispanic community on the dangers of high risk health behaviors.

For the Hispanic population, obtaining adequate health care is not always easy. Culture, socioeconomic status and education are factors to consider when providing health care and education to the Hispanic community.

According to COSSMHO, many barriers exist that limit or eliminate health care alternatives such as:

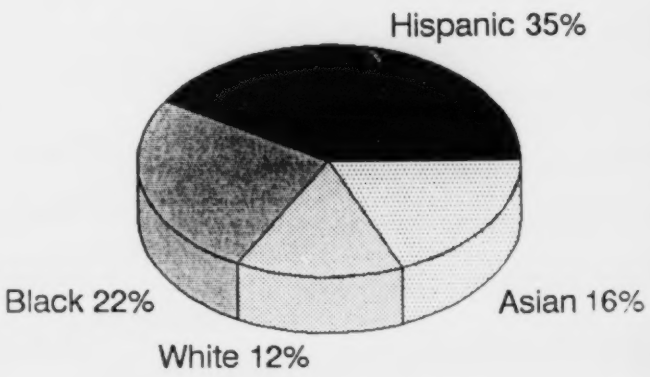
- language gaps between Hispanics and health professionals,
- different cultural expectations and values,
- high medical costs and lack of medical insurance,
- distrust of the health care system due to past negative experiences, and
- institutional policies not sensitive to Hispanic values.

When barriers such as these interfere with medical care some Hispanics may choose other forms of treatment including traditional health remedies or folk and spiritual healers, curanderos or santeros. Less than 4 percent of the Hispanic population reported using a folk healer in a 12 month period, but it is impossible to estimate the number of Hispanics who do not admit to using a folk healer.

Medical Insurance Coverage

Hispanics are more likely to be employed in jobs that do not provide health insurance benefits, according to the General Accounting Office, or are underinsured. In 1991, over 32 million Americans did not have health insurance; 35 percent were Hispanic. There are approximately 440,000 Colorado residents without health insurance.

Percent Without Medical Insurance In United States - 1991



Source: Health and Human Services Department, Pepper Commission. The Denver Post.

Heart Disease

Heart disease is the number one cause of death in the nation. Although it affects all ethnic groups Hispanics seem to have more conditions present that increase the risk of heart disease including weight, smoking, and lower socioeconomic levels.

In Colorado, the Hispanic population had a higher rate of deaths from heart disease per 100,000 people than Whites. For every 100,000 Hispanics there were 126.3 deaths compared to 112.6 deaths for Whites. Blacks had the highest rate of 179.9 deaths for every 100,000 people.

Cancer

Cancer, another major cause of death in the nation, affects all ethnic backgrounds. Diet, nutrition, and smoking all have an effect on various cancers. According to data from the National Cancer Institute, cancer of the prostate is the most common cancer among Hispanic men. Among Hispanic women, breast and colorectal cancers are the most prevalent, but both are still more common in White and Black women.

The death rate for cancer in Colorado for Hispanics was lower than that of both Whites and Blacks. For every 100,000 Hispanics there were 92.4 deaths. The rate was 109.4 for Whites and 167.7 deaths for Blacks.

Diabetes

A major concern of the Hispanic population is diabetes. Low levels of physical activity, diet and nutrition, and weight are related to the high prevalence of diabetes. Another risk factor may be genetics. Because of the high occurrences of diabetes in Mexican Americans, research is being conducted to determine if diabetes is genetic. In general, Hispanics are twice as likely to have non-insulin dependent diabetes than are Whites. Hispanics are also more likely than Whites and Blacks to have undiagnosed diabetes.

In Colorado, Hispanics had the highest death rate for diabetes. For every 100,000 Hispanics there were 28.4 deaths, over three times higher than for Whites (7.7). Blacks had 19.1 deaths per 100,000 people.

AIDS

AIDS (Acquired Immune Deficiency Syndrome) has had a significant impact on the Hispanic population. Many believed AIDS was a "white gay man's" disease but today Hispanic adults are three times more likely than Whites to acquire AIDS.

Hispanic men with AIDS are more likely to have acquired the disease by intravenous (IV) drug use. This is one reason Hispanic women are targeted as a high risk group for AIDS. Hispanics may not realize the behavior they are engaging in is risky. For example, men who are IV drug users share their needles or drugs with others as a sign of friendship and trust and women who engage in unsafe sex do so because they do not want to initiate the discussion of protection out of fear of appearing experienced. According to a survey conducted by LARASA, 92 percent of the respondents reported they had read, heard, or seen of AIDS. Unfortunately, knowing about AIDS does not necessarily mean eliminating risky behavior.

In Colorado during 1989, the Hispanic death rate from AIDS was higher than Whites yet lower than Blacks in Colorado. There were 8.1 deaths per 100,000 Hispanics compared to 5.4 for Whites and almost double that for Blacks at 10.5 deaths. A total of 34 Hispanics reportedly died of AIDS.

Prenatal Care

Another major health issue facing the Hispanic community is inadequate prenatal care. Women are at a greater risk of having complications and giving birth to low weight babies (5.5 pounds or less) if they do not receive proper prenatal care.

Rate of Deaths for Every 100,000 People in Colorado-1989

	Heart Disease	Cancer	Diabetes	AIDS
White	112.6	109.4	7.7	5.4
Hispanic	126.3	92.4	28.4	8.1
Black	179.9	167.7	19.1	10.5

Total Number of Deaths in Colorado-1989

	Heart Disease	Cancer	Diabetes	AIDS
White	5,424	4,171	324	161
Hispanic	453	312	91	34
Black	194	165	20	23

In 1990, it was estimated that on any given day in Colorado 11 babies were born weighing less that 5.5 pounds and one child dies before his first birthday. In order to prevent this number from increasing proper care during pregnancy is crucial. Research shows that for every $1.00 spent on prenatal care, over $3.00 is saved in later medical costs.

In Colorado nearly 20 percent of Hispanics did not receive any care during pregnancy compared to seven percent of Whites. And only 60 percent of Hispanics initiated prenatal care in the first trimester compared to over 80 percent of Whites.

Prenatal and parenting programs for low income women and teens are available throughout the state. They offer services such as pre and postnatal care, parenting skills, counseling, family education, and self development. Examples of state and local programs in Colorado include:

- Baby Care Kids Care
- The Denver Health and Hospitals Perinatal Special Care Program
- Poudre Valley Prenatal Program
- Family Connections

Ethnic minorities are not obtaining adequate, early, or comprehensive health care placing themselves at risk for serious health problems. According to COSSHMO, health care providers and educators should be aware of Hispanic assumptions, beliefs and practices outside of the clinical setting, the way those beliefs and practices interact with health and illness and the willingness to carry out prevention and treatment plans.

Specifically, health care providers and educators should learn the following beliefs and practices about their Hispanic patients:

- diet,
- traditional cultural sayings,
- importance of balance and harmony in emotional, physical and social arenas,
- uses and sources of medications, and
- use of folk or spiritual healers.

Above all, it is extremely important to respect the patients current health practices and effort.

Prenatal Care by Trimester in Colorado, 1989

	First	Second	Third	No Care
White	81.9	14.6	3.2	7.3
Hispanic	59.5	31.3	8.6	19.2
Black	62.9	28.2	7.5	17.2

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HISPANICS AND MENTAL HEALTH

Susan Gallo
Georgia Pappas

Hispanics are the second largest ethnic minority group in the United States, yet mental health services have been underutilized by Hispanics. Studies have shown that Hispanics are less likely to seek mental health services when compared to whites and African-Americans.[1] Hispanics face both traditional mental health disorders and other struggles (such as poverty, racial discrimination, and assimilation/acculturation) which may create a greater need for mental health services.

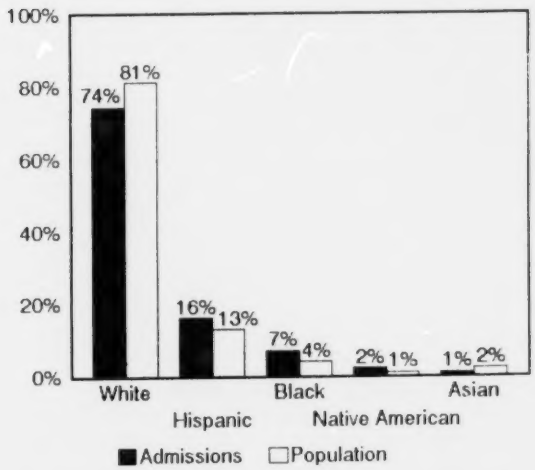
Colorado Facts

There are 21 public mental health outpatient clinics in Colorado. The top five clinics that served the highest percentage of Hispanic clients during the 1990-91 fiscal year were Servicios de la Raza (76%), San Luis Valley Comprehensive Community Mental Health Center (54%), Spanish Peaks Mental Health Center (39%), Southeast Colorado Family Guidance and Mental Health Center (26%), and Weld Mental Health Center (23%).[2]

Hispanics are the largest ethnic minority group comprising 13 percent of Colorado's total population and accounted for 16 percent of public mental health admissions in the state. At first glance, it may appear Hispanics are being adequately represented in mental health services. However, according to admission trends between FY 1978-79 and FY 1982-83, the need for mental health services increased while admission of ethnic minority clients decreased for the following reasons:[3]

- Decline in funding.
- Clients are becoming more severely disabled and more difficult to treat.
- The state mental health system is moving toward providing more intensive services to fewer people.

Public Mental Health Admissions in Colorado, 1990-91



According to a study conducted of short-term and long-term mental health clients in Colorado, Hispanics had the following characteristics:[3]

- 71 percent were short-term clients (less than 18 months).
- 52 percent resided in the Denver Metro area.
- Most, 39 percent, were referred for mental health services by themselves, family, friend, employer, or clergy.
- Prior mental health care was on an outpatient basis for 30 percent and an inpatient basis for 22 percent.
- 32 percent were previously admitted to a mental health facility.

Poverty

Stress associated with poverty place Hispanics and other poverty-stricken groups in need of mental health services. Problems such as alcoholism, substance abuse, family violence, depression, anxiety, and schizophrenia have been found at higher rates in lower income households.[4] Of all clients served by the Colorado's public mental health system, 71 percent live below the poverty level and 51 percent are not in the labor force.[2] A profile of clients served by the Mental Health Corporation of Denver, which has a 38 percent Hispanic clientele, shows that 90 percent of all clients have an income less than $10,000 and 62 percent are not in the labor force.[5]

Discrimination

Hispanics struggle to achieve equal representation and treatment in education, employment, income, housing, and politics.[6] Today racism is both covert and overt. Indirect racism is difficult to perceive, therefore, some Hispanics will attribute their lack of success to themselves, instead of discrimination. This negative perception can result in an individual devaluing themselves and having low self-esteem.

Assimilation and Acculturation

American society imposes pressure on Hispanics to assimilate to Anglo American values. Negotiating the struggle between Hispanic and Anglo American values can affect the mental health of Hispanics, manifesting itself in acculturative stress. Poor resolution of assimilation and acculturation issues can lead to poor self-esteem, loss of identity, and juvenile delinquency. Hispanics who immigrate to the United States have stresses related to geographical and value changes, including loss of familial contact and language barriers. A bicultural identity, adaptation to both Latino and Anglo cultures, is optimal for good mental health, but is not easy to achieve.[7]

MENTAL HEALTH THERAPY

Factors to consider when providing mental health therapy to Hispanics are credibility, somatization, therapeutic approach, and language differences.

Credibility

Credibility is an important factor for Hispanics in therapy.[8] Credibility is the process in which the client believes the therapist is understanding, knowledgeable, and competent in issues which are relevant to the client. When asked to evaluate potential therapists, Hispanics indicated that important qualities of a therapist was someone with a higher educational level and similar attitudes.[9] For Hispanics with a stronger cultural identity, their preference was for an ethnically similar therapist, followed qualities such as a higher educational level, and similar attitudes.

Somatization

Hispanic perceptions of mental health are different than Anglo American perceptions. Therapists, who are usually Anglo, often distinguish between the mind and the body. Hispanics, however, often perceive the mind and body as connected when addressing emotional problems. Hispanics tend to somatize, or express psychological problems through physical problems, such as headaches or stomach problems.[4]

Therapeutic Approach

Hispanics prefer a more personable, yet direct, approach in therapy.[10] However, most therapists are trained to be distant and unfamiliar toward their clients and their client's problems. Indirect treatment can also be successful but many Hispanics do not seek mental health treatment until their problem is serious and indirect treatment may not immediately relieve the problem. In this instance, the Hispanic client will terminate therapy feeling it has been unsuccessful.

Language Differences

The majority of therapists are not bilingual, therefore, non-English speaking Hispanics are either not treated or provided treatment with the assistance of an interpreter. When an interpreter is used for psychological treatment the client:

- may be diagnosed as more pathological,
- will not disclose as much about themselves,
- rapport with the therapist is diminished, and
- may perceive the therapist as having less empathy and effectiveness.[11]

Hispanic clients who speak both English and Spanish may also have problems in therapy. Hispanics whose primary language is Spanish may appear to have fewer problems because the client focuses on translating their thoughts to English instead of focusing on the problem.[12] Bilingual clients may also have a "detachment effect". A detachment effect is defined as feeling split off from emotions and experiences which occurred in the client's first language. Therefore, the client cannot access these experiences in English.

MENTAL HEALTH OUTREACH TO HISPANICS

There is a need to increase mental health services and outreach to Hispanics. The National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) has developed a Statement of Principles to approach the problems for Hispanics and mental health.[13] COSSMHO's Statement of Principles is:

- Hispanics are a diverse population who are more similar to each other than they are to any other group, as they share many common values with respect to culture, religion, and language.
- The Hispanic concept of family is broader than the nuclear family.
- Priorities will typically be different for Hispanics in a given community.

COSSMHO also states that to address the area of mental health, the following elements must be present:

1. An institution needs to define itself with respect to whom it serves (e.g., Mexican-Americans, Puerto Ricans, Cubans, Dominicans, Salvadorans, Nicaraguans, Central Americans, South Americans, and/or Caribbean).
2. Boards, policy-makers, management, and staff must reflect the communities served and be linguistically and culturally competent.
3. Consumers should be part of program design, development, operation, and evaluation.
4. Services must be geographically accessible and affordable.
5. Services should be culturally sensitive and competent, and delivered to the community being served.
6. Programs and policies that incorporate the family are preferable.
7. There must be outreach.
8. Multiple needs require multiple services and are most cost effectively served by collocation and integration of services.
9. Program and policy decisions should be developed based on the most current data available.
10. Research and evaluation must be ongoing. Data must be collected and analyzed on Hispanics. Information is most useful when it is broken out by subgroup.

Non-Hispanics must become aware of the uniqueness and the needs of the Hispanic community when delivering mental health services. Action agendas are needed to increase the representation and voice of Hispanics at all levels of the mental health community, from mental health clients to services to training to funding.

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HISPANICS AND DOMESTIC VIOLENCE

Deborah Guadalupe Duran

"IN 1984, THE U.S. SURGEON GENERAL DECLARED DOMESTIC VIOLENCE THIS NATION'S NUMBER ONE HEALTH PROBLEM."[1]

The American family and the American home are perhaps as or more violent than any single American institution or setting (with the exception of the military...in the time of war).[2] A report published by the Colorado Domestic Violence Coalition highlights the facts about domestic violence as follows:[3]

- A battering incident occurs every 15 seconds.
- More than 50 percent of women are battered at some time in their lives. More than one-third are battered repeatedly every year.
- Physical abuse by male social partners is the single most common source of injury among women, more common than auto accidents, muggings and rape by a stranger combined.
- Women married to upper and upper-middle class men are equally as subject to physical abuse as women married to working class men.
- Between January of 1987 and January of 1991, more than 500 people died in northern, front range Colorado as a result of domestic violence.
- In the United States, of all spousal abuse, the male is the abuser about 98 percent of the time according to the U.S. Department of Justice (1984).

HISPANICS AND DOMESTIC VIOLENCE

Very little research has been completed on domestic violence and the results have been contradictory. One aspect that remains clear is that while cultural differences need to be addressed, cultural diversity and ethnicity are not predictors of couple violence and <u>does not</u> contribute to higher rates of violence in a relationship. This is not to say that differences do not exist. There are differences in perceptions of abuse, gender role stereotyping, family and marriage values, and the nature and handling of abuse after the incident.

- Hispanic women in shelters tend to be the most disadvantaged economically, and be married longer and fewer times.[3]
- Hispanic women are more likely to tolerate more abuse and identify fewer types of behavior as abuse.[4]
- There is no significant difference in the severity and frequency of wife abuse between Mexican Americans and Anglo Americans.[4]
- When Hispanic women seek help, they are more likely to call the police.[4]
- The largest difference between racial groups is the influence of income: Hispanic women need more economic and educational support to help them through their crisis.[4]
- As income increases, Hispanics report decreased violence, while Anglo's report increased violence.[5]

WHAT EXACTLY IS BATTERING?

Battering is defined as abusive violence which occurs with the intention or perceived intention of causing physical pain or injury to the partner.[2] It is often repeated and targeted abuse, designed to instill fear and used as a means of control. Battering occurs equally across nationality, age, and economic status.

There are basically four forms of battering:

- physical abuse,
- sexual assault,
- psychological abuse, and
- destruction of property.

Regardless of the type, all battering is done to punish, to dominate or to control the victim. It is not always centered on a way to solve an argument. Often times, the victim is trying to please the batterer to no avail.

Studies have shown that a victim's behavior may have little correlation to an abuser's violence.[6] The batterer will find reasons to assault with no concern for the mental or physical well-being of the victim when battering is occurring. Perhaps there is no other consideration of how to resolve a situation because the perpetrator can see no other way to control and dominate except through physical or mental abuse. BATTERING IS A CHOICE MADE ABOUT HOW TO HANDLE A SITUATION. The batterer chooses to batter.

CULTURE AND BATTERED HISPANIC WOMEN

There are many factors involved in an abusive situation that influence battered women such as religion, family, society and economics. Women leave and return to the relationship approximately nine times before finally leaving for good.[7] Why do battered women stay with their batterers?[8]

- She loves him.
- She fears him because of threats of harm and death and the physical and mental abuse she receives.
- She is economically dependent.
- The abuser has isolated her from most relationships because of jealousy, emotional dependence and the need to control her life.
- She does not know that services are available.
- The abuser makes threats against the children or threatens to take them away from her.
- When seeking help from family or religious leaders, she may not be believed or is told that it is her duty to keep the family together.

Cultural diversity does not contribute to higher rates of relationship violence.[4,5] The Hispanic woman is very similar to most battered women. Incidents of abuse are the same across cultures.[9] However, acculturation may require the need of different resources, cultural understanding, and support from service providers. The family belief system of many Hispanics must be understood and acknowledged by service providers to offer appropriate services and support.

To most Hispanic women, the family is the most important social unit, even to the extent that she has to place herself and her own needs and desires second.[10] The devotion to family is important because it can give the individual a sense of emotional and material security. The extended family is also an important source of support. A crucial element of the family is that the members work together to meet the needs of the family as a group. Each family member is expected to approach the family with any needs and to seek outside assistance only when the family lacks sufficient resources to assist. In addition, the role of the Hispanic woman as a mother has traditionally been supportive and self-sacrificing. She is respected because she minimizes her own needs in order to provide for the needs of her family. The treatment and safety of her children are very important to her.

Acculturation influences the ways a Hispanic woman deals with domestic violence. A Hispanic woman more acculturated to the Mexican culture is more likely to tolerate abuse, while the more

Anglo acculturated younger generation of Latinas are less tolerant of abusive treatment from their partners. This is, in part, reflected in the number of dual arrests in which women are fighting back and standing up for their rights. Other factors that contribute to dual arrests are the assessment of the officer, being in "contempt of cop", lack of English speaking skills of the woman, and the expressive behavior of the battered woman. In Denver County, of the 733 women arrested in domestic violence incidences, approximately 90 percent were dual arrests.[11] When dual arrests occur, the woman is victimized three times: 1) she is abused by her partner, 2) she is arrested and must defend herself, and 3) her children are placed in a foster home.

The most important point to reiterate is that the occurrence of abuse is the same across cultures but the manner in which the victimization is handled is different. For instance, many Hispanic women have not had previous experience with the systems that assist victims of domestic violence. Consequently, shelters must provide safety and cultural sensitivity to the traumatized Hispanic victim in order to assist her effectively. She may need help in filling out forms, seeking services, utilizing a victim advocate and tapping long term resources for help. She may have different language and foods preferences, and may need more financial assistance.

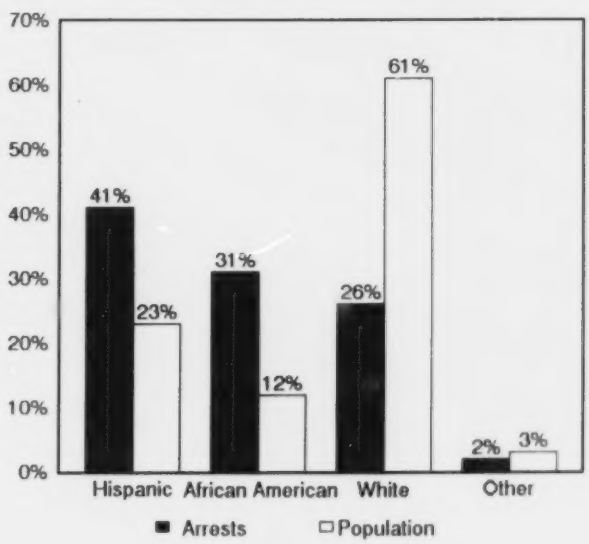
LEGAL ISSUES

Laws concerning domestic violence are minimal and are not designed to stop the perpetrator from abusing. Domestic violence was not considered a crime or a social problem until 1970. Since then, policies, laws, resources, and aide has emerged to assist the battered spouse. However, the amount of assistance provided does not meet the needs of the victims. Legal policies and laws do not stop the occurrences of abuse, stalking and death as a result of abuse in relationships. Funds needed to assist the victim and to commit the perpetrator are insufficient. In fact, Colorado is one of three states in the country that does not provide financial assistance for domestic violence.[7]

In the Denver area, there are only policies and procedures to handle occurrences of domestic abuse. The policy of the Denver Police Department is to view all domestic violence complaints as instances of alleged criminal conduct.[12] Arrest, charging, and taking custody of the suspect(s) involved are deemed the more appropriate law enforcement response when officers determine that probable cause exists in domestic violence situations.

In Denver County, 5,136 arrests were made for domestic violence during 1991.[13] Men comprised 4,403 of those arrests with Hispanics accounting for 2,100 or 41 percent of the total, African Americans 31 percent, whites 26 percent, and 2 percent others. As the chart below indicates, the percent of people of color being arrested for domestic violence is disproportionate to Denver's population.

Domestic Violence Arrests, Denver - 1991



Sources: City Attorney's Annual Report, 1991; and 1990 Census of Population and Housing.

COMMUNITY RESOURCES

Resources to assist the traumatized victim include shelters and safe houses throughout the community. Many are packed to capacity with little funds or resources to assist the large number of victims that need their services. In Metro Denver, 99,630 victims of abuse were served during 1990 through referrals or direct service.[14] Approximately 12 percent of these were Hispanic women. Latina's account for 6 percent of the total Metro Denver population.

The Colorado Domestic Violence Coalition (573-9018) can provide referrals to shelters throughout the community. Project Safeguard (863-7233) is an agency designed to assist the victim with legal issues. They provide restraining orders, support, education, and legal assistance. Approximately half of their services are utilized by people of color. Denver Victims Service Center (894-8000) assists with safety and financial assistance and provide counseling.

COMMUNITY CONCERNS

Community leaders, service providers, and policy makers need to address the following issues concerning Hispanics and domestic violence.

- More Hispanic women must be encouraged to seek assistance when battered.
- Shelters and other services must meet the special needs of Hispanic women such as language, family support, and economic assistance.
- Cultural diversity must be addressed in domestic violence awareness, conferences, research, and presentations.
- Address why more Hispanics are arrested for domestic violence than any other nationality in Denver when research shows that domestic violence does not occur more in Hispanic families.

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POVERTY OF HISPANIC WOMEN AND CHILDREN

Francine Maestas
Georgia Pappas

Poverty in the United States and Colorado is growing and the faces of the poor have changed. The poor now include children, female heads of households and employed parents. Single, divorced, or widowed women with children are at the greatest risk of being poor. The "feminization of poverty" among Hispanics is the result of being a single parent, employment in low-wage occupations, lack of child support, and undereducation. The effects of poverty on the mother and children are numerous. They are more likely to face barriers to health care, live in substandard housing, be involved in substance abuse, and give birth to low birth weight babies.

Between the 1980 and 1990 Census in Colorado, the percent of Hispanic women remained at 50 percent; the percent of Hispanics under the age of 18 dropped slightly from 40 to 38 percent. In 1980, one out of four Hispanic families were headed by a single parent, compared to one out of three families in 1990. For households headed by single Latinas, it was one out of five in 1980, compared to one out of four in 1990.

POVERTY DEFINED

The definition of poverty used by the Bureau of the Census is: three times the amount of income, before taxes, needed to buy food for a family (adjusted to the size of the family). In 1990 the poverty level for a family of three was $10,560 annually (one parent, two children).

Colorado's Hispanic Population

	1980	1990
Total	339,717	424,302
Female	50%	50%
< 18 Years	40%	38%
Family Households	76,917	98,014
Married couples	76%	69%
Single headed	24%	31%
Female headed, husband absent	19%	24%

1990 Poverty Level Guidelines

Size of Family	Income
1	$6,280
2	$8,420
3	$10,560
4	$12,700
5	$14,840
6	$16,980
7	$19,120
8	$21,260

POVERTY OF HISPANICS

According to the U.S. Bureau of the Census, Hispanics are more likely to live in poverty than non-Hispanics. One out of four Hispanic persons (28%) in the United States were living in poverty in 1990. Nearly half of all Hispanics in poverty (48%) were children under the age of 18.

Of Hispanic families in the nation, 25 percent fell below the poverty level compared to 10 percent of non-Hispanic families based on 1990 income. Nearly half (48%) of Hispanic female-headed families live in poverty as compared to one-third (32%) of non-Hispanic female-headed families.

Below Poverty Level in the United States - 1990

	Hispanic	Non-Hispanic
Total Persons	28%	12%
< 18 Years	48%	38%
Families	25%	10%
Female headed, husband absent	48%	32%
Not a High School Graduate	36%	21%

FACTORS ASSOCIATED WITH POVERTY

Single Parent Householder

Families are more likely to be poor when living in a single parent household, most of which are headed by women. In 1990, 31 percent of Hispanic families in Colorado were headed by a single parent, 24 percent were headed by a Hispanic woman with no husband present. In Colorado, during 1991, 38 percent of Hispanic female householders were living below the poverty level.

According to the National Center for Children in Poverty, the proportion of women giving birth outside of marriage increased dramatically during the past 30 years. Children born into a family headed by only the mother, particularly teenage mothers, are likely to be poor all or most of their childhood. In 1989, 41 percent of Hispanic mothers who gave birth in Colorado were not married. This is due, in part, to a high teen pregnancy rate among Hispanics. In 1989, the fertility rate (live births per 1,000 women) of Colorado's Hispanic teens aged 15 - 19 was 101.3, slightly lower than black teens at 121.3 but much higher than whites at 38.4.

Low Wage Employment

Employment options are limited for women without basic skills or an adequate education. For minority women, discrimination based on race and gender are additional barriers to higher wages. An estimated 50 percent of Colorado's Hispanic women in the paid work force are concentrated in low-paying clerical and service industry jobs.

The median income of Hispanic women in the United States was $10,099, not much lower than the $12,438 for non-Hispanic women. Half of employed Hispanic women earned less than $10,000 during 1990.

A working woman householder in a low wage job must contend with not having health insurance benefits for herself or her children and struggle with the high cost of child care. A wage earner often does not qualify for any public assistance.

For single mothers without a job or child support, welfare becomes the only alternative for survival. In 1990, the maximum AFDC payment a family of three could receive was $356 a month ($4,272 a year), far below the poverty level of $10,500. Welfare programs that provide employment training for women frequently prepare them for traditionally low paying "women's jobs" which do not provide adequate support for their families. For women to become self-sufficient, they must earn wages that provide for medical and child care expenses. In May 1991, 60 percent of Colorado's AFDC (Aid to Families with Dependent Children) clients were Hispanic. Of Hispanic AFDC recipients, 64 percent were on AFDC for more than one year, according to a 1988 Piton Foundation survey.

Child Support

The loss of income from the absent parent is partly responsible for poverty among female headed households. According to a survey of Colorado's AFDC clients, conducted by the Piton Foundation, 83 percent of absent parents did not pay child support. Hispanics were more likely than Whites or Blacks to receive child support payments. One explanation given by the authors was the importance of family to the Hispanic population. However, more than three out of four (78%) Hispanics did not receive child support payments.

Education

Lack of education is the biggest barrier for Hispanic women to earn enough wages to support a family. In Colorado, only about half of Hispanics graduate from high school. In 1989, 46 percent of Hispanic mothers who gave birth in Colorado had less than a 12th grade education. Job skills are changing and a high school diploma is not enough to compete in the job market. According to Workforce 2000, of new jobs created between the years 1984 and 2000, over half will require some education beyond high school; only 14 percent of new jobs will require less than a high school education.

A FAMILY ASSISTANCE MODEL

Families that are economically stable are vital to the well being of Colorado. The State of Colorado has proposed a plan to strengthen and reinforce the family base by establishing family resource centers across the state. The purpose of family resource centers will be to provide comprehensive, intensive, integrated, and community-based services to families in communities at risk, identified by high levels of poverty, unemployment or working poor, substance abuse, crime, and teen pregnancy. The centers would be available to all children and families regardless of race or income.

The family resource center plan is based on four goals to strengthen families:

Goal 1: Families and children will have the mental and physical capacity to be productive citizens. To achieve this goal, all families and children must have access to a complete and comprehensive health care program.

Goal 2: Families and children will live in a nurturing, stable, and safe environment. Neighborhoods must be safe and free of crime and drugs and housing will be affordable.

Goal 3: Families and children will have the education, knowledge, and skills it takes to lead productive lives. Actions must be taken to encourage all students to graduate from high school ready to enter the work force or higher education.

Goal 4: Families and children will be employed with sufficient incomes to meet basic needs and to maintain a good quality of life above the poverty level.

Services provided by family resource centers will assist families to function in healthy, productive ways. These services include:

- Early childhood care and intervention
- Parenting classes
- Family preservation
- Job training
- School age child care
- Comprehensive health education
- Basic health services
- Information and referral

Family-related health and human services are the types of programs that Hispanic communities would benefit from. Programs relevant to important family issues would help in contributing to the quality of life and intervening before potential problems reach crisis proportions. The vision of the family resource centers is that all families will have the means to live quality lives, physically and emotionally.

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HISPANIC ELDERLY

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EXTENDED FAMILY ORIENTATION

It is a common belief that Hispanic elderly needs are met by family members because of the Hispanic extended family orientation. However, in today's society, this may no longer be true. The Hispanic family structure is being reshaped in a way that can cause alienation and economic insecurity for the Hispanic elderly. The changes in family orientation must be recognized by policy makers to impact effective change.

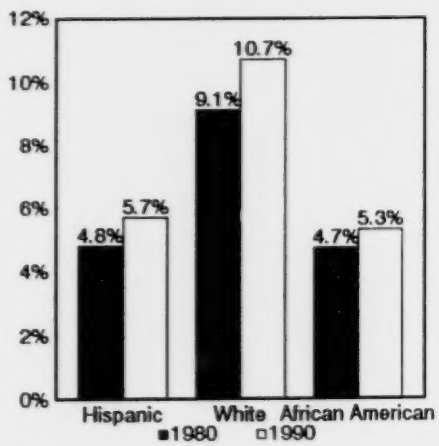
The traditional Hispanic family has been described as an extended, multigenerational group of persons among whom specific social roles were ascribed.[1] By dividing responsibilities among different family generations, an extended family in the traditional rural farming environment could survive economically and socially. In this traditional family structure the Hispanic elderly were valued members of the family.[2] They were spared physical and psychological vulnerability (e. g., loneliness and depression) and were provided economic support and housekeeping assistance from adult children.

Some believe that social change is breaking down the extended family, and as a consequence elderly Hispanics are becoming isolated and alienated.[3] Urbanization, modernization, and acculturation of young Hispanics can weaken ties to extended family members. Hispanic elderly then find themselves relatively alone in an alien culture without the support they value and expect.[1]

POPULATION OVERVIEW

Hispanics in Colorado are one of the fastest growing segments of the 65 and over population, increasing 51 percent since 1980.[4,5] Women outnumber men in the elderly Hispanic population. In Colorado, 57 percent of the 24,387 elderly Hispanics are female. Since women, on average, live longer than men, they are more likely to be caregivers to their husbands, to live alone following widowhood, and to be poor in the last decades of life.

Percent of Population Aged 65 and Older in Colorado, 1980 and 1990



Education and Language

In 1988, 29 percent of elderly Hispanics in the United States, had less than five years of schooling, compared to 6 percent of the total elderly population. The median number of school years completed by Hispanics 65 and over in 1988 was 7.4 years.[6] Low education is usually associated with low paying jobs and future poverty.[7]

According to a survey conducted by The Commonwealth Fund Commission On Elderly People Living Alone, 39 percent of elderly Hispanics spoke only Spanish.[7] Low education and language differences can also be barriers to services because information is geared toward more formally educated and English-speaking elderly.

Employment

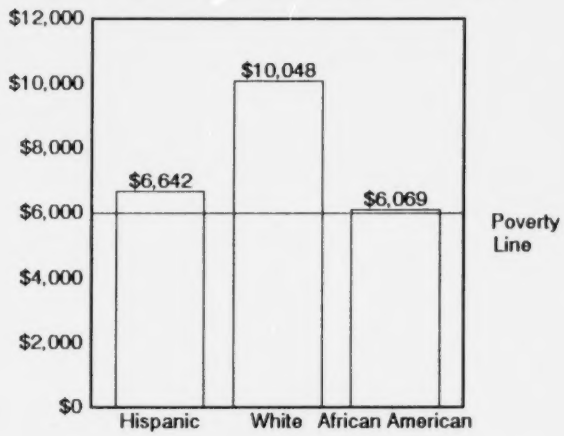
The Commonwealth survey found that two-thirds of elderly Hispanics worked at unskilled, service-sector, or farm-sector jobs.[7] These jobs offer lower pay and fewer benefits, such as health insurance and pension plans, than other jobs. Elderly Hispanic women were less likely to have worked for pay than all other elderly women. Another study reported that the combined economic, educational, and prior occupational status of Hispanics may act as barriers to needed services.[8]

Income

In 1989, the median income for elderly Hispanics 65 years old and over was $6,642, just above the poverty level of $5,947.[9] In comparison, the median income for African American elderly was $6,069 while the White elderly had the highest median income of $10,048. Also, the poverty rate for Hispanic elderly was 21 percent, twice the rate of the White elderly at 10 percent and below the African American elderly poverty rate at 31 percent. Though Hispanics are more likely than non-Hispanics to care for their elderly relatives at home, the cost of home care places a serious financial burden on the family. Even if the relatives of elderly Hispanics want to help, they are likely to be financially unable to do so. In Colorado, one in four (23%) Hispanic families live below poverty.[4]

Hispanic elderly are less likely than African Americans or Whites to receive Social Security benefits. Twenty-four percent of elderly Hispanics did not receive Social Security in 1988.[9] Low participation in Social Security may result from not knowing about eligibility requirements, how to apply for benefits, fearing government agencies, or low incomes.

1989 Median Income in the United States for Persons 65 Years Old and Over



The Commonwealth survey found that only 19 percent of elderly Hispanics receive pensions, as compared to 45 percent of all elderly.[7] Thirty percent of Hispanic elderly reported receiving Supplemental Security Income (SSI), indicating that Hispanic elderly are dependent on government funds because of poverty. However, only 44 percent of eligible elderly Hispanics participate in SSI. This low participation may be from a lack of information about the program.

Health Status

Little is known about the health of the Hispanic elderly since most states do not collect specific Hispanic vital statistics and health-related information. One study reported that 41 percent of elderly Hispanics perceived themselves to be in poor or fair health, as compared to 30 percent of all elderly.[9] In 1986, 32 percent of elderly Hispanics had been bedridden for up to a month. Hispanic elderly also averaged fewer doctor visits, despite needing medical care. Poverty, lack of education, poor access to health services all contribute to malnutrition and higher rates of chronic health problems, which then lead to high disability rates among Hispanic elderly.[10] Available data shows higher rates of cardiovascular disease, strokes, hypertension,

diabetes, and obesity among Hispanic populations.[10]

A higher percentage of Hispanic elderly have difficulties with personal care activities and household management tasks than the overall elderly population.[7] The Commonwealth survey revealed that 40 percent of elderly Hispanics had problems with one or more Activities of Daily Living (ADL). ADLs included eating, toileting, dressing, bathing, and transferring to bed or chair. The survey also revealed that 54 percent of elderly Hispanics had problems with more than one Instrumental Activities of Daily Living (IADL). IADLs included managing money, using the telephone, preparing meals, light housework, shopping, and heavy housework.

Health Insurance

According to the Commonwealth survey, only 28 percent of elderly Hispanics were covered by Medicare, eight percent had no health insurance coverage and 21 percent were covered by both Medicare and private insurance.[7] Hispanic elderly in Metro Denver reported that they do not understand medicare and medicaid programs.[11] They do not know where to obtain information or how to operate within the system when trying to resolve issues.

Housing and Transportation

There is a lack of decent, affordable housing for elderly Hispanics.[9] According to the National Council of La Raza (NCLR), Hispanic elderly are more likely to live in the community and in multigenerational families than other elderly and are far less likely than White elderly to live in homes for the aged.[6] In the United States, over 90 percent of the Hispanic elderly lived in households in the community alone, with family members, or with non-relatives. Residing with relatives does not mean that the Hispanic elderly's needs are being met--they may be in need of services and assistance that the family cannot provide.[6]

Many elderly Hispanics believe their transportation systems to be inadequate. Hispanic elderly in Metro Denver reported that availability of low-cost and no-cost transportation is limited to certain types of trips, is limited to certain areas of each county, and often will not provide across county line transportation.[11] In addition, it was reported there were no sliding scales or flexible rates for persons who purchase transportation.

Elder Abuse

A health area of growing concern is abuse of the elderly.[11] Economics and family stress are contributing factors to abuse. Many Hispanic elderly do not understand what elder abuse is, are embarrassed and afraid to seek help, and do not know where to go for help. Many Hispanic elderly fall in to a "gray" area of elder abuse and social services does not serve them.

BARRIERS TO SERVICES

Hispanics tend not to use services which they believe are for non-Hispanics. Also, there is still a great deal of mistrust remaining, particularly for Mexican-Americans, due to mistreatment by the Immigration and Naturalization Services (INS) and other government agencies.[12] Other barriers to service may include: lack of knowledge on how to apply for programs, lack of knowledge about program eligibility, language problems, and fear of authorities.

RECOMMENDATIONS FOR CHANGE

In September 1990, more than 200 Hispanic elderly and 100 service providers for the elderly in Metro Denver participated in a conference to examine how to improve the quality of life for older Hispanics.[11] Following are highlights of the recommendations that resulted from the conference:

Accessing Services

- Review and rate current agency practices relating to cultural awareness and sensitivity, number of bilingual/bicultural workers, and availability of bilingual/bicultural written information. Develop a detailed action plan to address any shortcomings with the assistance of Hispanics.

- Expand outreach efforts by providing bilingual/bicultural information and assistance services.

- For illiterate adults, advertise services over the radio, on television and through oral presentations. Record service instructions and guidelines on audio tapes. Provide staff/volunteers to assist in filling out application forms.

Long Term Care

- Develop a bilingual "hotline" that Hispanic elderly could call to get information about available resources and how to access those services.

Transportation

- Active members of senior centers, churches, and community groups could be organized and trained to provide transportation on a voluntary basis. Organizations could provide taxi vouchers for older adults to use local taxi service.

Wellness

- Develop exercise programs at current gathering places for Hispanic elderly.

- Establish certification for curanderas and reimbursement by Medicare/Medicaid.

Elder Abuse

- Provide culturally appropriate information and assistance to Hispanic elderly and the family caregivers through radio, television, schools, churches, and bilingual workers and materials.

- Advocate for mandatory reporting of elder abuse.

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AMERICA 2000 EDUCATIONAL GOALS: COLORADO'S HISPANIC PERSPECTIVE

Georgia Pappas
Tony Nettermann

In 1990, President Bush and the states' governors adopted six national education goals released as America 2000. America 2000 is a long-term national education strategy which "anticipates major change in our 110,000 public and private schools, change in every American community, change in every American home, change in our attitude about learning."[1] Out of this national educational plan, Colorado 2000 Communities was formed to carry out a state plan.

Cultural aspects of Colorado's Hispanic community need to be considered in the planning toward achieving Colorado 2000. The national education goals will not be met unless the strategies Colorado adopts take into consideration the educational needs of the ethnic minority communities in the state. In Colorado, Hispanics are the largest ethnic minority population accounting for one of eight persons (13%) and is projected to increase by 27 percent between 1990 and 2000.[2]

GOALS OF AMERICA 2000

Goal One: By the year 2000, all children will start school ready to learn.

Preschool education is needed to help at-risk children start elementary school ready to learn. The Colorado Department of Education currently administers seven preschool, childcare, and infant and toddler programs. One program, the Colorado Preschool Project serves four and five year old children in need of language development. During the 1990-91 program year the Colorado Preschool Project served 2,750 children, however, there were 10,000 preschool children that qualified for the program.[3]

- Fifty percent of the children in this program were ethnic minority.
- One in four of the children had a parent who was a high school dropout
- One in five of the children lived in a home where a language other than English was spoken.

Children participating in this program made significant gains in language skills and reductions in social/emotional/behavioral problems. Of the 40 percent children entering the program with serious delays in language and other cognitive/motor skills, 78 percent entered kindergarten with age appropriate language skills.

Contrary to popular myths, Hispanic parents place a high value on education.[4] Parents with higher levels of education read books to their children regularly in either Spanish or English, and model an unmistakable commitment to literacy.

Goal Two: By the year 2000, the high school graduation rate will increase to at least 90 percent.

The graduation rate for the state of Colorado remained above 76 percent for the school years 1987-1991. During this period, only Asians and Whites had graduation rates exceeding the state average, although Asians showed a decrease between 1987 and 1991. The Hispanic student graduation rate in 1987 was 55 percent and increased to 66 percent in 1991.

High School Graduation Rates in Colorado: 1986-87 to 1990-91

	1987	1988	1989	1990	1991
Hispanic	55%	62%	59%	66%	66%
White	81%	80%	80%	83%	82%
Black	61%	62%	65%	74%	70%
Native American	51%	59%	61%	57%	54%
Asian	100%	92%	[illegible]%	85%	84%
State Average	76%	77%	76%	80%	79%

Source: Colorado Department of Education.

The challenge for Colorado to reach the goal of a 90 percent graduation rate will be for each community to determine what will keep both at-risk Hispanic and non-Hispanic students in school. Educators and community leaders need to be creative and open to new ideas. For example, in 1990 the concept of designing and opening a community school was proposed by LARASA. This dream school, a center for lifelong learning, can become a reality through initiatives like House Bill 1299, which, if passed, would provide the opportunity for schools to establish an independent school district with the vote of both staff (< 66%) and parents (< 50%). An independent public school district would allow public schools to implement less traditional and more creative educational strategies.
Schools must provide at-risk students with some degree of success to keep students engaged in the main activities of school.[4] Students who drop out of school have endured an academic life of disappointments, frustrations, confrontations, remedial attempts, and disillusionment and have failed at school.

Goal Three: By the year 2000, American students will leave grades four, eight, and twelve having demonstrated competency over challenging subject matter including English, mathematics, science, history and geography. Every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning and productive employment in our modern economy.

Student testing strongly impacts the Hispanic community. Currently, the most widely used method of determining student competency in school subject material is the Iowa Test of Basic Skills (ITBS). On the fall 1991 ITBS, Hispanics in grades four, seven and ten scored between 35 and 42 percentile, far below the national average of 50 percentile. Grades four and seven were tested on vocabulary, reading, language work/study and math. Tenth graders were tested on reading, written expression, using sources of information and math.

Iowa Test of Basic Skills Scores in Colorado - Fall 1991

	Hispanic/State Scores		
	Grade 4	Grade 7	Grade 10
Vocabulary	36/54	36/53	
Language	35/48	37/52	
Work/Study	39/52	40/55	
Mathematics	38/50	38/54	36/56
Reading	40/55	39/56	42/61
Written Expression			35/53
Using Sources of Information			37/57

Source: Colorado Department of Education.

Hispanic students, particularly in the early elementary school years, must contend with language barriers and discriminatory testing. Limited-English Hispanic students in elementary school are challenged with learning a second language in addition to learning regular classroom material. If funding for bilingual programs is limited, these students are taken out of bilingual programs once they have acquired conversational skills but lack written skills and are forced to learn subject matter and be tested in a language they have not yet mastered.[5] Without a proper foundation from the early elementary years, these students are more at risk of dropping out of school. Research on literacy indicates that "reading should be taught in the native language, particularly for children who, on other grounds, run the risk of reading failure. Reading skills acquired in the native language will transfer readily and quickly to English, and will result in higher ultimate reading achievement in English."[6] Research also indicates that "students

whose performance scores were in the high groups on Spanish achievement measures, scored significantly higher in English than those with low Spanish achievement."[7]

In the Denver Public School district, much needed changes that address these issues are taking place. For example, in March 1992, five Denver elementary collaborative decision making schools were granted waivers for testing. The fall 1991 Hispanic student population of these pioneer schools were: Bromwell - 8%; Doull - 40%; Goldrick - 58%; Montclair - 10%; and Philips - 5%.[8]

Goal Four: By the year 2000, U.S. students will be first in the world in science and mathematics achievement.

Higher expectations need to be placed on our students to compete globally in educational attainment. Hispanic students who do well in school have parents who place higher expectations on their children, according to a study conducted by Guajardo.[9] It was also determined that the mother's expectations played a significant role in their child's educational attainment. Unfortunately, constant negative attention placed on low Hispanic educational attainment contributes to lower expectations by teachers as well as the Hispanic students themselves. Lower expectations of schools and teachers can result in tracking Hispanic students into non-college general or vocational curriculums.[10] Nearly three-quarters of Hispanics across the United States have been placed in non-academic tracks or vocational programs.[11]

Goal Five: By the year 2000, every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

Approximately 400,000 adults in Colorado cannot read. Current data is not available on Hispanic illiteracy in Colorado and national data varies greatly depending on the definition of illiteracy. Anywhere between 33 percent and as many as 56 percent of Hispanics in the nation are functionally illiterate depending on the study conducted.[12]

During 1987-88, the Adult Basic Education program in Colorado served an equal percentage of Hispanics (38%) and Whites (38%), followed by Asians (12%), Blacks (8%) and Others (4%).[13] These statistics demonstrate that Hispanics are taking advantage of literacy opportunities in Colorado.

Goal Six: By the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning.

Results of the National Crime Victimization Survey (NCVS) of students between 12 to 19 years of age, conducted in 1989, showed:[14]

- 32% of Hispanics reported gang presence at school, compared to 14% Whites and 20% Blacks.
- 64% of Hispanics reported they knew drugs were available at school, compared to 69% White and 67% Black.
- 26% of Hispanics reported avoiding places at school out of fear, compared to 22% Whites and 22% Blacks.
- 7% of Hispanics reported being a victim of a violent or property crime at school, compared to 9% Whites and 8% Blacks.

Young people take drugs for a variety of reasons: pleasure, peer pressure, stress and pain in life, experimentation, rebelliousness, low self-esteem, or family influences. Schools can play a very important role in combating drug usage among students.[15] While drug abuse is primarily the responsibility of the parents, schools and teachers are influential because this is where our youth spend most of their day and they help shape the outlook and attitude of students.

CONCLUSION

In 1988 Frank Newman, President of the Education Commission of the States, said "we have made enormous progress over the last thirty years in dismantling barriers to the full participation of minorities in American life. But we have a long way to go before we can say that the American dream is everyone's dream."[16] It is

encouraging that the importance of education is being recognized by the President of the United States; it is a challenging and necessary education plan. However, is it realistic to achieve the America 2000 goals in less than 3,000 days?

At the state level, Colorado 2000, launched by Governor Roy Romer in June 1991, provides a framework on which to build a comprehensive education agenda that includes:[17]

- parental participation;
- partnerships between school, homes, communities, and governments;
- professional development of educators;
- using technology as a learning aide and management tool;
- an adequate and reliable funding base;
- implementing the Action Plan in a way that celebrates cultural diversity;
- establishing internationally competitive educational standards;
- developing new ways to authentically assess student performance;
- developing high quality and accessible programs; and
- acknowledging success depends on the value we place on education.

The Hispanic League will be revisiting the America 2000 goals during their May 23, 1992 Hispanic League Education Conference. The purpose of this "working" conference is to address the most pressing educational needs of the Hispanic community in Colorado. For more information about the conference, call 303-351-1276.

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HISPANICS AND PRIMARY EDUCATION IN COLORADO
Achieving Educational Success

Georgia Pappas
Susan Gallo

Education is the single most important factor that directly impacts the welfare of America's economy. The National Education Association stated that the lack of education among Hispanics is a significant barrier that can prevent meaningful participation in society.[1] There are several issues that affect the quality of education for Hispanics and other disadvantaged students. This report will focus on bilingual education, standardized testing, academic tracking, and parental involvement in education. These education issues are within the schools control and influence the skills our children need to be productive individuals in our nation's economy.

- **In the Fall of 1991, Hispanics accounted for 17 percent of pupil membership in Colorado's public schools, an increase of 21 percent between 1981 and 1991.[2]**

- **In 1990, 58 percent of Hispanics 25 years old and older were high school graduates compared to 49 percent in 1980.[3,4]**

- **In 1990, 20 percent of Hispanics 25 years old and older have less than a 9th grade education; 22 percent left school between 9th and 12th grade without receiving a diploma.[3]**

Hispanics represent the largest ethnic minority enrollment in Colorado's public schools. While the high school graduation rate of Hispanics increased in the past 10 years, it is still disproportionately low. There are many reasons why students leave school before getting their diploma.

In 1986, the Educational Testing Service asked 21 to 25 year old adults why they did not complete high school.[5] Their responses fell into one of six categories:

- financial problems;
- going to work or into the military;
- pregnancy;
- loss of interest in school or boredom;
- poor grades or academic problems; and
- personal reasons that may not necessarily relate to school such as marriage or relocation.

It should be noted that today, a high school diploma (not an equivalency) is required to join the military.

These factors may not be the direct cause of students leaving school but are only symptoms of other factors that affect the quality of education. These factors will be explored below.

BEST COPY AVAILABLE

BILINGUAL EDUCATION

Bilingual education uses both English and the students' native language as a means of instruction. This method is used with children of limited English proficiency to provide them with English language instruction and to provide instruction of the regular curriculum. Opponents of bilingual education should not assume that people do not want to learn English. Instead they should remember that while children are learning English, they can continue to learn curriculum content in their native language, thus advancing the educational process.

- **Bilingual educational services have been decreasing despite the increases in Hispanic enrollment and limited English proficient students.**[5]

- **The limited English proficient student population grew two and one-half times during the 1980s, and this growth is expected to continue into the 1990s.**[5]

- **In Colorado, nine percent of Hispanic students enrolled in school were receiving bilingual education services.**[5]

There are three types of federally-funded bilingual programs.[5] **Transitional Bilingual Education** programs use a child's native language to transition students into all-English classes. **Developmental Bilingual Education** programs, which serve both non-English and English-language students, help students achieve full bilingualism in English and a second language. **Special Alternative Instruction** programs are classes where there are many students from different non-English speaking backgrounds and it is impractical to provide instruction in each child's native language. These classes use English for second language instruction and supplementary services to assist limited English proficient students.

"Those programs which fail to stimulate the cognitive development of students and allow them to fall behind academically are the least successful. One can learn English and still fall behind in the content areas. Instruction in the content areas is vital to help limited English proficient children succeed, and native language instruction is the key which can open this opportunity for children while they go about the business of learning English. Limited progress in the regular curriculum can lead to permanent academic retardation which cannot be overcome even when students become proficient in English."[6]

Josué M. González

Recent research has documented common attributes in classrooms where language minority students, primarily Hispanics, were academically successful.[7] The study identified the following attributes:

- **Functional communication** between teacher and students and among fellow students was emphasized.
- The instruction of basic skills and academic content was consistently organized around **thematic units**.
- Instruction was organized so that students were required to interact with each other utilizing **collaborative learning techniques**.
- Students progressed systematically from **writing in the native language to writing in English**, making the transition without any pressure from the teacher.
- **Teachers were highly committed** to the educational success of their students and served as student advocates.
- **Principals were highly supportive** of their instructional staff.
- Both Anglo and non-Anglo **parents were involved** in the formal parent support activities of the schools.

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STANDARDIZED TESTING

Despite biases found in standardized tests, tests scores are still a common means of predicting learning potential and measuring amount learned.[8] Standardized tests are inexpensive, expedient and automatic but also discriminate against people of color. Low test scores of Hispanics result in over-representation in remedial classes, a higher dropout rate, fewer years of education completed, and more frequent counseling into vocational rather than academic tracks.[9] As a result, Hispanics are under-represented in professions, occupations or disciplines that require extended education.

The most widely used assessment of student competency in school subject material is the Iowa Test of Basic Skills (ITBS).[2] The ACT and SAT tests are most commonly used for college admissions to predict how well students will do as college freshman.

- **For the Fall of 1991, Colorado Hispanic children in grades 4, 7, and 10 scored in the 35 and 42 percentile range, which is significantly below the national average of 50 percentile.[2]**

- **The composite ACT score for Hispanics in Colorado during 1990-91 was 19.0 out of a possible 36. Hispanics in Colorado scored higher than Hispanic students nationally. The total composite ACT score for Colorado was 21.3.[2]**

- **Colorado Hispanics also scored higher on the SAT than the national level.[2] Nationally, Hispanics scored 801 out of a total score of 1600. Colorado Hispanics scored 880 points. This score is significantly lower than the average Colorado score of 959.**

Standardized tests are a necessary assessment instrument but it is not perfect and should not be used exclusively to determine policy.[10] There are several variables associated with Hispanics that can influence test performance such as socioeconomic status and teacher expectations.[11]

Test scores are also influenced by the tests' norming group, native language of the test taker and cultural upbringing of the test taker. For bilingual or Spanish-speaking students, a Spanish translation of an English normed test does not take into account variations within Spanish speaking communities (i.e. Puerto Rican culture vs Mexican culture). Thus, a bilingual/bicultural student should not be expected to score the same on a standardized test that is set to the norm of a white middle-class population. For example, most Coloradoans would fail a fishing exam designed for Eskimos.[12] If a norm is set for fishing skills on the Alaskan population, it should be used on that population.

"Without valid or meaningful prediction, we are left with but one major use of I.Q. tests in education. That use is to SORT students into categories so that they may be treated in special ways.... Any other ARBITRARY marker could be used for sorting to identify a part of the population which is to be excluded from normal opportunity. But this kind of sorting is clearly political, and not psychological or educational in any professional sense. To be professional, the testing and pedagogy link would have to be validated."[13]

Asa G. Hilliard, III

The National Coalition of Advocates for Students recommends the following options to standardized testing.[8]

- **Test samples of students** rather than whole grades or classrooms.
- **Teachers' observations and notes.** Test scores can be combined with samples of a student's work such as writing, a list of books read, and how well a child comprehends and uses information.
- **Student portfolios** which contain progressive samples of work, such as successive drafts of a paper the student has written.

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- **Tests with open ended questions** to help determine how a students thinks and uses knowledge in different subject areas.

ACADEMIC TRACKING

All students, at one time or another, are tracked into groups based on ability of subject matter. Tracking can begin in elementary school and grows more rigid in the higher grades according to one study.

> **"Furthermore, students in higher groups get the message: 'You are bright; we have high expectations for you.' Students in lower groups, however, are told sometimes quite directly; 'You are dumb: chances are you are not going anywhere.'"[14]**
>
> **The National Coalition of Advocates for Students**

Lack of bilingual education and the abuse and misuse of standardized testing are two factors that impact the tracking of Hispanic students early in their academic career. Hispanic students are often tracked into nonacademic and learning disabled classes, and tracking may lead to retention. According to The Good Common School, "Once a child is labeled as a low, average, or high achiever and grouped accordingly, teacher expectations are also adjusted. These labels are more easily placed onto children than removed."[8]

Researchers have identified alternatives to tracking in elementary schools. The following steps can be taken by schools more open to change:

- Offer all students the same learning opportunities and curriculum offered to "advanced" students such as smaller class size and varied curriculum.
- Employ instructional techniques such as cooperative learning.

- **In the Denver Public Schools, Hispanics accounted for 26 percent of students in the elementary schools gifted and talented program and 27 percent in the middle schools gifted and talented program. Hispanic enrollment in Denver's elementary and middle schools was 41 percent in Fall 1991.[15]**
- **About one percent of the Hispanic student population in Denver's public elementary schools are retained, primarily in kindergarten, first, and second grade.[15]**
- **Hispanics are more likely to be enrolled in remedial math or science courses than higher level math or science courses.[5]**

More gradual steps can be taken by schools that face higher resistance to detracking:

- Employ after-school peer or adult tutoring to allow slower students to be mainstreamed into regular or more advanced classrooms.
- Blur the distinction between vocational and academic programs by introducing academic concepts into vocational study.
- Maintain racial, ethnic, and income balance in all classes.

PARENTAL INVOLVEMENT

There is a myth that Hispanic parents do not value education, however, studies have shown that Hispanic parents value education highly.[16] The truth is Hispanic parents want a good education for their children. In fact, most parents want to help the schools, but feel estranged from the school system. In addition, many Hispanic parents feel that no one at school cares about Hispanic students, and that there is no one there to whom students can turn. Hispanic parents also believe that many school personnel expect Hispanic students to perform poorly in school.

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The most important criteria to developing a successful partnership between a school and parent is committed leadership of administration and flexibility on the part of the school.[17] Basic factors in reaching Hispanic parents are strong, personal outreach; warm, non-judgmental communication; and the ability to convey respect for the parents' feelings and concerns.

The Colorado Statewide Parent Coalition has successfully sponsored annual conferences for parents, particularly ethnic minority parents, to come together and strategize on increasing opportunities for parent involvement. The Coalition recently produced, in English and Spanish, "100 Ideas for Parents and Educators: Multicultural Strategy for Schools and Communities."

CONCLUSION

The issues discussed in this report are really issues of discrimination. School segregation, classroom segregation, teacher expectations, and stereotypes of people of color are other examples of discrimination that we must train ourselves to recognize.

It is in the best interest of the United States that primary educational institutions adequately prepare all students to compete in a global society that demands workers with high academic skills. However, Hispanics students are increasing in numbers, while services remain poor. The National Education Association has come up with the following actions to improve the quality of education for Hispanics.[1]

- Recruit, train, and employ bilingual teachers, counselors, and other professional and support staff to meet the needs of Hispanic students.
- Federal and state grants and scholarships for higher education to facilitate the recruitment, entry, and retention of Hispanics.

Recommended DOs and DON'Ts to develop parent partnerships in the school, provided by the Hispanic Policy Development Project, Inc.:[17]

DO assign recruitment to someone who understands Hispanic culture and is sincerely interested in involving parents in school activities. Give the recruiter time to do the required job.

DO use a personal approach by talking face-to-face with parents in their primary language, preferably at their homes. It may be necessary to make a personal contact two or three times.

DO follow-up visits with a friendly telephone call.

DO follow-up invitations to activities with a telephone call one or two days before the event.

DO post the principal or teachers outside the school in the mornings and afternoons to personally greet parents who drop off and pick up their children.

DO encourage existing Hispanic parents who are involved in school activities to bring their neighbors.

DO train involved parents to serve as the motivational center for organizing other parents.

DO post parent volunteers at school gates, in yards, or in hallways to greet other parents personally and give them information about upcoming events.

DON'T only use mailers or flyers to invite parents to activities. If a letter must be sent, it should be written in the primary language of the parent and it should be followed up with one or two telephone calls or a personal visit.

DON'T send initial communications on official school stationery. Make invitations and notices appealing and non-intimidating to suggest the event will be fun.

DON'T issue an invitation to "fix" the parent.

DON'T have the first activity at the school, but choose a neutral neighborhood site that is on the parents' turf. Schools can appear threatening to parents who have little education. Wait until parents feel comfortable with the teachers before brining them into the school.

DON'T plan a formal meeting or conference as the first activity.

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- Celebrate National Hispanic Heritage Month to acknowledge the contributions made by Hispanics to the history and development of the United States, its territories, and the Commonwealth of Puerto Rico.
- Disseminate information and support programs that include the values, heritage, language, culture, and history of Hispanics.
- Recognize Hispanic educators as role models.
- Hire and promote Hispanic educators in positions at all levels of the education profession.
- Develop and implement programs for Hispanic children by state and local agencies, regardless of the availability of federal funds.

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THE HISPANIC HIGHER EDUCATION EXPERIENCE

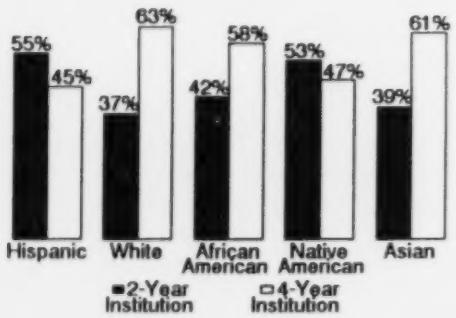
Georgia Pappas

WHY IS HIGHER EDUCATION IMPORTANT?

Education offers socioeconomic mobility and independence. A recent study concluded that, on the average, each year of education from grade school to graduate school adds 16 percent to a person's lifetime earnings[1]. Labor force needs are changing and those changes require skills obtained from higher education[2]:

- High technology industry is becoming standard and requires sophisticated skills.
- Businesses are looking toward international markets that require knowledge of other cultures and languages.
- Manufacturing facilities are moving to countries where hourly wages for unskilled labor is much lower than the U.S.
- Competition for jobs is tougher as more women enter the workforce and as more people earn college degrees.

1990 National Enrollment by Type of Higher Education Institution



A disproportionate number of Hispanics do not have the necessary education to compete in this changing job market. Although one of eight persons (13%) in Colorado were Hispanic in 1990, only eight percent of undergraduate enrollments in Colorado public higher education institutions were Hispanic[3]. Even fewer, three percent, of graduate students were Hispanic. Nationally, over 55 percent of all Hispanics in higher education were enrolled in two-year private and public colleges in 1990, as compared to Whites with a 63 percent enrollment in four-year institutions[4].

BARRIERS TO HISPANIC STUDENT ENROLLMENT AND RETENTION IN HIGHER EDUCATION

Many college students face the normal pressures of academic life such as finances, course work, or homesickness. For Latinos however, the normal difficulties of college are magnified when faced with discrimination, stereotyping, and isolation. The belief in stereotypes that Hispanics lack ambition, are not smart enough for college and should be in trade school, do not have a command of the English language because of an accent, or do not value education, can create pressure on Hispanic students, either justifying their exclusion or diminishing their desire to enter or finish college.

Socioeconomic Factors

The lower the level of parental education, occupational position, and income, the less likely a person will go to college[5]. According to a longitudinal study, the High School and Beyond Survey, parental education of high school students who never enrolled in higher education was as follows[6]:

- 64% Less than a high school education

- 29% Less than two years of college
- 2% Ph.D.'s or M.D.'s

This same study also revealed that the majority of students, 53 percent, who never enrolled in higher education came from low socioeconomic backgrounds while only 12 percent came from high socioeconomic backgrounds.

- Tuition and fees at public, four year colleges and universities increased 141 percent between 1980 and 1990. The overall inflation rate was 64 percent according to the House Select Committee on Children, Youth and Families[7].

- In the mid-seventies Pell Grants accounted for approximately 80 percent of student funding, today they account for only 15 percent[8].

- In Colorado, one of four Hispanic (23%) households live in poverty[9]. The median income of Hispanic households in Colorado was $21,073 compared to $30,140 for all households in the state[10].

The economic status of a family is important in providing financial support to a student attending college. One study concluded that financial support from parents enhanced the student's ability to complete college while low family income had a detrimental effect on the Latino college student's chances of completing college[5]. According to a needs assessment conducted at the University of Texas and at Colorado State University, finances were the greatest area of concern to ethnic minority students[5]. Ethnic minority students in general are more likely to rely on scholarships, workstudy programs, and loans to finance their undergraduate education. The type of financial aid received affects a students persistence to graduate from college. Ethnic minority students were more likely to stay in college if they received scholarships or grants, or participated in workstudy programs. The chances of finishing school decreased if the student relied on loans, savings or personal assets to finance their education.

Alienation, Isolation and Discrimination

Latino students may experience "culture shock" when entering higher education institutions[11]. Students growing up in a small, rural town can be overwhelmed by being on their own in a large institution. Hispanics who attended primary schools with high ethnic minority enrollments all of a sudden find themselves in a different, all white, cultural environment. Hispanics from low socioeconomic families not only find themselves in an all white environment but also in a middle class environment. Even curriculum can add to isolation when other cultures are validated by studying them but the Latino culture is ignored. Discrimination, whether subtle, overt, intentional or unintentional can add to the isolation of a Hispanic student[11]. Students can also feel pressured to justify their presence on a college campus because of affirmative action programs. According to a study by the People for American Way, 52 percent of Hispanics felt that qualified minorities were more likely to be denied scholarships because of racial prejudice.

Balancing Two Cultures

A Hispanic college student can find themselves living in two worlds but not fully belonging to either one. Latino students are pressured from themselves, family, and friends to keep their culture while also pressured to adopt the mainstream white culture[11]. When a Hispanic college student visits their home neighborhood, the change in them could be viewed as selling out to the white culture. However, while on campus, this same student is considered different because they are Hispanic.

Admissions Criteria

The use of admission test scores and high school grades work disproportionately against Hispanics[5]. Standardized tests are useful but are not perfect and should not be used exclusively to determine admission of Hispanic students. Standardized admission tests discriminate against people of color because the tests are set to the norm of a white middle-class population. The ACT and SAT tests are most commonly used for college admissions to predict how well students will do as college freshman.

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- The composite ACT score for Hispanics in Colorado during 1990-91 was 19.0 out of a possible 36. The total composite ACT score for Colorado was 21.3[12].

- On the SAT tests, Colorado Hispanics scored 880 points out of a total score of 1600, much lower than the Average Colorado score of 959. Nationally, Hispanics scored 801[12].

ACADEMIC SUCCESS

Findings from a three year study of ethnic minority degree achievement identified four profiles for higher education success[13]. Students who attended college and graduated had outside encouragement, had a strong personal desire, knew what they wanted to do with their life, and were persistent in overcoming obstacles.

To achieve success, Hispanic and ethnic minority students must have **intervention and support from the institution.** Higher education institutions and primary schools must work together to increase the pool of college-bound Hispanic students. Hispanic students can succeed in college when the institution takes the initiative to create an environment conducive to ethnic minority success.

Colorado Higher Educational Attainment, 1990

(Persons 25 years old and over)

	Hispanic*	White	Afro-Amer.	Nat. Amer.	Asian
Some College, no degree	17%	24%	30%	26%	17%
Associate Degree	5%	7%	7%	8%	8%
Bachelor's Degree	6%	19%	12%	7%	19%
Graduate or Professional	3%	9%	5%	5%	13%

SOURCE: U.S. Bureau of the Census, 1990 Summary Tape File 3.

* Hispanic can be of any race.

Only 14 percent of Latinos in Colorado have a college degree, as compared to 35 percent of Whites, 24 percent of African Americans, 20 percent of Native Americans, and 40 percent of Asian Americans[9].

Expectations

Students who are expected to attend and graduate from college by family, peers, faculty, or counselors have a much greater chance of succeeding. Family encouragement is considered a far more important factor for completing college than having enough money[14]. "Scratch a Hispanic college student, and you'll probably find someone in his or her background who showed a special interest in them, who took them aside and gave them the aspiration and encouragement to go on to higher education[11]."

Motivation

Hispanics place a great value on education and have a strong desire to succeed in their pursuit of a higher education[14]. Personal commitment to either an academic or occupational goal has been identified as one of the single most important determining factors for a student to graduate from college[3]. Hispanic students are conscious that despite the obstacles they face - inferior academic preparation, insensitive high school counselors, stereotyping - a college education is worth the effort[5]. Because of the barriers Hispanics face in education, higher education programs that ease the transition to this environment are essential.

Direction

Do you know what you want to do when you grow up? Some people struggle to answer this question their entire life. Students with adequate preparation for college and who are at ease with the academic demands must also have a clear understanding of how education is related to adult opportunities[13]. The lack of Hispanics role models in professional occupations make it difficult for students to find the direction they may need to persist in higher education.

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Persistence

Students must be persistent to beat the odds of not completing college. Hispanics who enter college as returning adults struggle with financial and time demands[13]. Only 11 percent of Hispanic students who enrolled in Colorado's public colleges and universities in the fall of 1986 earn a bachelor's degree in four years[15]. In comparison, 21 percent of Asians, 20 percent of Whites, eight percent of Native Americans and seven percent of African Americans earned their bachelor's degree in four years. These students are proud of their educational achievements and feel personally enriched. They accept the fact that there are no guarantees by obtaining a higher education. They realize that opportunities expected from a college education may not come easily or quickly.

HISPANIC FACULTY AND STAFF IN HIGHER EDUCATION

Diversity is a necessary condition for educational excellence[3]. Achieving diversity of faculty and professional staff in higher education requires creating an available pool of qualified Hispanic and ethnic minority candidates and gaining access to an available pool of candidates[16]. Institutions must be committed to hiring ethnic minority faculty and staff, however, few have clear policies for recruitment and retention[17].

- In 1990, four percent of faculty in Colorado's public institutions of higher education were Hispanic, six percent of executive, administrative and managerial staff were Hispanic[3].

False Assumptions

There are five incorrect assumptions institutions make when facing the challenge of achieving faculty diversity[18].

Assumption 1: "They aren't the best qualified." The root of this false assumption is veiled racism, narrow standards of judgement, inexperience with cultural differences, and a failure to fully accept responsibility for identifying and nurturing talent.

Assumption 2: "There aren't any out there." Aggressive and continuous recruitment by highly committed institutions will create demand and success.

Assumption 3: "They'll want astronomical salaries." Faculty salaries are dictated by supply and demand. Joyce B. Justus says it best, "Universities have always found the means to pay for what they consider important."

Assumption 4: "They wouldn't want to live here." Enthusiastic promotion of the institution's assets such as campus and community warmth, openness and acceptance, and attractive professional opportunities may outweigh demographic concerns.

Assumption 5: "We're already doing all we can." Extraordinary efforts, outside of affirmative action requirement, must be made to successfully recruit minority faculty.

Successful Recruitment Strategies

Successful faculty and staff recruitment strategies identified by the University of Wisconsin are as follows[18]:

1. Encourage hiring ethnic minorities from an in-house pool of recent graduates from doctoral programs.
2. Introduce procedural language that explicitly requires departments to give ethnic/racial diversity an important weight when assessing candidate qualifications.
3. Reserve position slots for departments based on their capacity to recruit good candidates, the extent of underrepresentation in their workforce profiles and the level of minority student enrollment in their discipline.
4. Offer post-doctoral fellowships to ethnic minorities, with reduced teaching loads so they can finish their dissertations. Support of potential candidates can begin for students in graduate school.

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5. Offer flexible positions such as reduced teaching loads, shared positions, and part-time positions.

6. Designate slots or funds to hire ethnic minority candidates before positions open up from anticipated retirements.

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HISPANIC LABOR AND EMPLOYMENT

Georgia Pappas

Our nation and the state of Colorado continually strive toward better economic growth and strength. To achieve and maintain a strong economy, we must have an educated, highly skilled workforce and offer employment in stable industries with high wages. The Hispanic population and other people of color play a crucial role in the success of our economy. It is estimated that by the year 2000, one-third of new workers will be primarily Hispanic or African American.[1] However, there are vital issues affecting labor and employment of the Hispanic community that will, in turn, affect our economy:

- The education of Hispanics is not keeping pace with the demands for a highly skilled workforce.
- Hispanics are over-represented in less stable occupations with low wages.
- The Hispanic unemployment rate is high.

NEW WORKFORCE SKILLS REQUIRED

American manufacturing was born in New England at the turn of the nineteenth century and grew over the next 50 years.[2] In the mid-1800s, only 14 percent of Americans worked in manufacturing while 53 percent still worked in agriculture. As the manufacturing industry grew, the number of Americans working on farms dropped to 38 percent in 1900, and by 1950 only 12 percents of workers were employed in agriculture.[3]

We are in the midst of another labor market shift from manufacturing to services and information. "The early 1980s brought plant layoffs in older American mining and manufacturing industries while 'high tech' enterprises on the west coast boomed.[1]" It is anticipated that by the year 2000, computer literacy will be a universal requirement for "blue-collar" workers.[4] Blue-collar workers will need to become more professionalized and will need to be able to work in teams, make decisions, communicate with customers, and participate in life-long learning.

Not having a high school diploma will mean not having a job and having only a high school diploma will mean employment in a low wage, unstable job. "More than half of all new jobs created over the next 20 years will require some education beyond high school, and almost one-third will be filled by college graduates.[1]" Hispanics are not prepared for the new workforce. In 1990, 42 percent of Hispanics in Colorado, 25 years old and over, did not graduate from high school.[5] While there are more Hispanic high school graduates now than ten years ago, the increase is not keeping pace with the rapidly changing needs of the workplace.

The basic workplace skills that are needed today are:[2]

- Reading, Writing, and Computation
- Learning to Learn
- Communication: Speaking and Listening
- Adaptability: Problem Solving and Creative Thinking
- Developmental Skills: Self Esteem, Goal Setting, Motivation, and Personal and Career Development
- Group Effectiveness: Interpersonal Skills, Negotiation, and Teamwork
- Influencing Skills: Organizational Effectiveness and Leadership Skills

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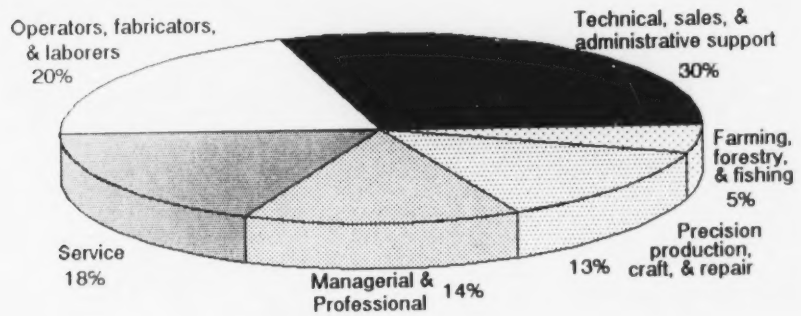
Occupations of Hispanics in Colorado, 1990[9]


Operators, fabricators, & laborers 20%
Technical, sales, & administrative support 30%
Farming, forestry, & fishing 5%
Precision production, craft, & repair 13%
Managerial & Professional 14%
Service 18%

In a 1989 survey of Colorado businesses, 28 percent of employees reported they needed more training in reading, writing and computation skills to do their present jobs better.[6] Employers of this same study reported greater deficiencies in the basic skill areas among skilled and semi-skilled workers. Over one-third of firms reported that their semi-skilled workers have poor to fair math, reading, communication, problem solving, and setting priority skills.[7]

The lack of qualified workers will reduce our nation's ability to compete in the global marketplace regarding product quality and price competitiveness. When there isn't a qualified pool of labor the result will be for businesses to:[8]

- Employ under-qualified workers which could result in inferior product quality.
- Competitively seek out qualified workers already employed in other companies, which could drive up wages scales.
- Expend massive resources to remediate workers to bring them up to a productive level.
- Take the jobs elsewhere, thus reducing American job opportunities and eroding our economic base.

OCCUPATION AND WAGES

Ethnic minorities are concentrated in jobs that pay the least, provide the least formal and informal training, and show the least improvement in wages.[2] In Colorado, Hispanics made up 10 percent of the civilian labor force in 1990. While 14 percent were employed in managerial or professional positions, Hispanics were more likely to be employed in service occupations (18%) such as cleaners, servants, food preparers, or food servers; clerical positions (16%); or production, craft and repair(13%).[9]

As the dynamics of the family change to more single parent households headed by Latinas, more women are entering the workforce. Hispanic women make up four percent of Colorado's civilian workforce. However, women are more likely to work in low paying clerical jobs. "Despite their growing visibility in the workplace, however, women continue to be concentrated, in nearly the same proportion today as in the 1960s, in "traditionally female" occupations-such as clerical work, elementary school teaching, nursing, and housekeeping-that pay less than men's jobs.[10]

The fastest growing occupations in Colorado between 1991 and 1996 are anticipated to be:[10]

- Salespersons
- Registered Nurses
- General Managers and Top Executives
- Waiters & Waitresses
- Janitors & Cleaners
- General Secretaries
- General Office Clerks
- Other Managers and Administrators
- Teachers, Secondary School
- Cashiers

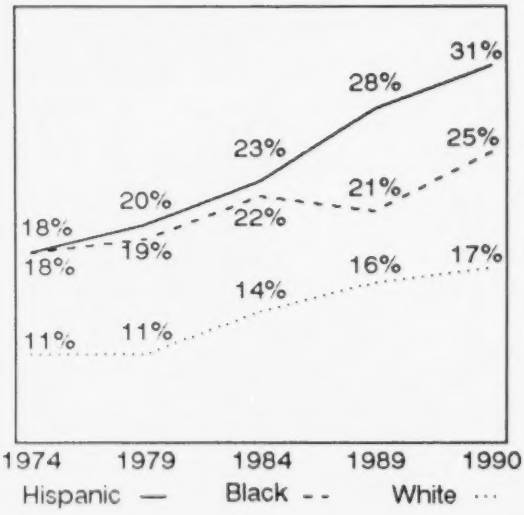
Hispanics in Colorado earned lower wages than Hispanics in the rest of the country and earned substantially lower wages than Whites. The median income of Hispanic households in Colorado was $21,073, lower than Hispanic households in the nation with a median income of $24,156.[11] In comparison, the median household income of Whites was a little over $30,000 for Colorado and the nation.

The percent of Hispanics in the United States with low wages increased from 18 percent in 1974 to 31 percent in 1990, while the percent of Whites with low wages increased from 11 percent to only 17 percent during the same period.[12] The low earnings threshold in 1974 was $3,144; the 1990 equivalent threshold was $12,195. In 1979, Hispanic men in the U.S. earned 73 percent as much as the average White male; the difference widened to 65 percent at the end of the 1980s.[2]

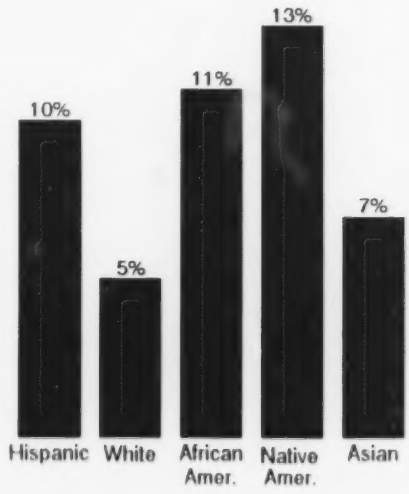
UNEMPLOYMENT

Twice as many Hispanics in Colorado are unemployed when compared to Whites. The Native American population in Colorado has the highest unemployment rate in Colorado at 13 percent, followed by African Americans at 11 percent, and Hispanics at 10 percent.[5] The unemployment rate of Whites is five percent and seven percent for Asians.

Full Time Workers With Low Annual Earnings in the United States[12]



Unemployment Rates in Colorado, 1990[5]



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There is double-digit unemployment for 16 to 19 year old Hispanics, African Americans, and Native Americans. Native American youth in Colorado have the highest unemployment rate at 15 percent, followed by 13 percent of Hispanic youth, and 11 percent of African American youth.[5] The unemployment rate is lowest for Asian youth at eight percent and White youth at nine percent.

DISCRIMINATION AND GLASS CEILINGS

A study of racism in Denver, conducted in 1990, did not find evidence of widespread discrimination against young Hispanic or African American men seeking entry-level jobs.[13] This may mean that Denver has less discrimination than other urban areas. However, job discrimination can be subtle. A two year study of nine Fortune 500 companies located throughout the country concluded that the "progress of minorities and women in corporate America is affected by more than qualifications and career choices.[14]" General findings of the study revealed the following common traits among corporate America:

- Minorities and women advance to a certain point in the company.
- Minorities plateau at lower-levels of the workforce than women.
- Corporations did not consider it their responsibility to monitor for equal access and opportunity of minorities into senior management levels.

CONCLUSION

The growing number of Hispanics and other ethnic-minorities in Colorado and in the United States will have a profound impact on the workforce. Hispanics are less likely to have a satisfactory education or on-the-job training, and there may be language and cultural barriers that can prevent them from taking advantage of existing jobs.[15]

Public schools are not producing enough functionally literate graduates or graduates with skills tailored to high technology and service jobs that are dominating the labor market. Employers must also be part of the solution to mend the skills gap to remain competitive in the global marketplace. To help increase the supply of employable workers businesses can do the following:[1]

- Train ethnic minorities by providing basic skills training, literacy training, internship and work-study programs, and developing partnerships with public schools.
- Recruit ethnic minorities by developing labor pools through training and community programs, bring job opportunities to lower income neighborhoods, and eliminate unnecessary job requirements.
- Retain and promote ethnic minorities, especially in senior management level positions. Businesses need to educate their workforce on the benefits of cultural diversity in the workplace.

There is a complex interconnection between employment, education, literacy, cultural values, income, and living environments. Employment problems cannot be solved with only education and training but investments must also be made in child care, teen pregnancy prevention, welfare reform, mentor programs and other possible interventions.[15]

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VOTER REGISTRATION AND REAPPORTIONMENT IN COLORADO

Francine Maestas
Georgia Pappas

Hispanic Voter Registration and Turnout

As the Hispanic population in Colorado increases, so does the opportunity to influence and participate in the political process. With the increasing number of Hispanics registering and voting and the Reapportionment process protecting the rights of ethnic minorities, Hispanic concerns and beliefs should not be overlooked.

Hispanic voter registration and turnout significantly increased between 1986 and 1988 November elections. The number of Hispanics registered to vote in Colorado grew from 84,000 to 160,000, an increase of 90 percent. Of Hispanics registered to vote, those who actually voted increased 134 percent (32,000 to 75,000 voters) during this period.

For the November 1988 elections, 55 percent of all Hispanics in Colorado were registered to vote and 47 percent voted. However, voter turnout was higher among whites (68%) than among blacks (55%) and Hispanics (47%).

Voting and registration patterns are closely related to education, employment, and income. Participation in the voting process decreases when adults face illiteracy, low paying jobs, under-education, and lack of empowerment. In addition, ethnic minority voters may have historical reasons for not trusting a wealthy, white dominated political system and may feel that "my vote doesn't really make a difference anyway." To influence the political process, Hispanics need to continue registering and voting. There is strength in numbers.

HISPANIC VOTING AND REGISTRATION IN COLORADO

Hispanic	Population	Registered	%	Voted	%
1986	201,000	84,000	42%	32,000	38%
1988	291,000	160,000	55%	75,000	47%

State	Population	Registered	%	Voted	%
1986	2,333,000	1,516,000	65%	799,000	52%
1988	2,344,000	1,711,000	73%	1,119,000	65%

Source: U.S. Bureau of the Census. Voting and Registration for the Election of November 1986 and 1988. Series P-20, No. 440. Washington D.C.

According to an opinion poll conducted by LARASA in 1989, Colorado's Hispanics view politicians as leaders. When asked who came to mind as Hispanic leaders in Colorado, nine of the top ten responses were current or past elected political officials. Then Mayor, Federico Peña was the most recognizable Hispanic leader identified by 78 percent of the respondents. In 1991, there were 213 Hispanic elected officials in the state (includes state, county, municipal, judicial, education, and special districts). Ten of those officials were at the state level; three State Senators and seven State Representatives.

The Process of Reapportionment

A major determinant of minority participation in the political process is reapportionment. Reapportionment is the distribution of the 435 seats in the House of Representatives among the states. Reapportionment is done every ten years (at the beginning of each decade) after the federal census. All states must reapportion legislative districts and redistrict congressional seats to reflect population changes.

In Colorado, an eleven member Reapportionment Commission is responsible for the drawing of 35 Senate and 65 House Representative districts. The ideal population size for each district according to the U.S. Bureau of the Census is 50,683 for the House of Representatives and 94,126 for the Senate. The commission draws the boundaries in a way to ensure "one person-one vote." This says that each election district has an equal population size so that each persons vote has equal weight. The commission also determines districts that will give minorities the strongest representation possible. This does not mean grouping minorities in a few districts for heavy representation and then leaving them out in others which would reduce their voice and influence. Federal law requires that minority populations be neither separated nor concentrated too much to ensure fair representation within each district and to eliminate racial gerrymandering (the drawing of districts to the advantage of one group and at the expense of another). There should be enough minorities within each district for them to elect candidates of their choice while still maintaining a competitive district.

The Commission, made up of four legislators appointed by legislative leadership, three people appointed by the governor, and four people appointed by the Supreme Court Justice has an established schedule of events:

- A preliminary plan must be published within 90 days of convening.
- Public hearings must be held the following 45 days in accessible areas around the state.
- Within 45 days after the hearings a final plan must be sent to the state Supreme Court for review. If the plan is not accepted the commission must revise it and resubmit it to the court.

Each step is vital in the reapportionment process. Through this sequence of events the general public gets an opportunity to voice their concerns and opinions about their district's boundaries. While reapportionment is handled by the commission, legislators do the redistricting - the drawing of new lines for federal congressional districts within the state.
In 1981, two Hispanics were appointed to the Reapportionment Commission. Richard Castro was a legislative appointee and Ruben Valdez was appointed by former Governor Richard Lamm. In 1991, Peggy Ventura, a lawyer with the Denver law firm of Saunders, Snyder, Ross and Dickson was the only Hispanic on the commission. She was appointed by Governor Roy Romer.

Congressional Seats

According to the 1990 U.S. Bureau of the Census data, Colorado will be represented by six congressional seats, the same number determined by the 1980 census data. Although Colorado's total population grew at a rate of 14 percent compared to the national rate of 9.8 percent it did not grow enough to earn additional congressional seats.

Arizona, California, Florida, and Texas are four states that will earn additional congressional seats. More than half of the nation's population increase occurred in these four states, where many minorities reside. The increase in the

Hispanic population for these states results in greater Hispanic representation. According to the National Association of Latino Elected and Appointed Officials (NALEO), no Hispanics now serve in the U.S. Senate. States currently with Hispanic's in the U.S. House of Representatives are Arizona, California, Florida, New Mexico, New York and Texas. Hispanics will increase their voting strength and can be a vital part in the political process. Hispanics could gain much power, on the national and local level, if redistricting in states with large Hispanic populations resulted in the election of Hispanic official.

Of states with more than 10 percent Hispanic population, congressional seats were gained, lost, or remained constant. New York, with a 33.4 percent Hispanic population increase, lost three Congressional seats. The biggest gain was in California where congressional seats increased by seven. There was no change in representation for Colorado, New Mexico, or Nevada.

Increases in the Hispanic Population Between 1980 and 1990 and Changes in Congressional Seats by State

State	Increases in Hispanic Pop.	% Hispanic in State	Congressional Representation		
			'80	'90	Change
New Mexico	21.4%	38.2%	3	3	0
California	69.2%	25.8%	45	52	+7
Texas	45.4%	25.5%	27	30	+3
Arizona	56.2%	18.8%	5	6	+1
Colorado	**24.9%**	**12.9%**	**6**	**6**	**0**
New York	33.4%	12.3%	34	31	-3
Florida	83.4%	12.2%	19	23	+4
Nevada	130.9%	10.4%	2	2	0
United States	53.0%				

Sources:

Southwest Voter Research Institute, Inc. Fair Redistricting in the 1990s-A Manual for Minority Groups. July 1991.

U.S. Bureau of the Census. "1990 Census Profile." Number 2-June 1991.

Reapportionment is an important process of our political system. It must be done in a way that will not weaken the voice of any minority group. In order to maintain a democratic society all segments of the population must be considered in redrawing congressional and legislative district boundaries. Knowledge about the political system and participation in the system is needed to have an input in how the districts are drawn .

As of February 13, 1992 the redistricting plan for Colorado (HB 1234) passed the legislature and will go to Governor Roy Romer for signature. The plan favors the existing 3 Republican, 3 Democrat split as long as incumbents continue to run for office.

Colorado Reapportionment Commission:

(303) 894-2325

Daniel L. Ritchie, Chairman
Gene R. Nichol, Vice-Chairman
Becky Lennahan, Staff Director
Chuck Berry
Edward Garner
James P. Johnson
Matt Jones
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James E. Monaghan
Robert Pastore
Peggy Ventura
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